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ABSTRACT

The Connecticut State Department of Children and Youth Services is a multi-service agency which assists children and youth through directly operated and funded services. The agency's services include child protection; foster care; adoptions; juvenile corrections and rehabilitation; and prevention and treatment of delinquency, child maltreatment, mental illness, and emotional disturbance. The department operates or arranges for services to children and youth through a continuum of care. This report includes a brief description of the functions of the Affirmative Action Office and of the department divisions, and a discussion of the continuum of care model for children's services. The major part of the report describes the five main goals of the department in the areas of: (1) comprehensive service system; (2) quality service system; (3) permanency; (4) preparation for adulthood; and (5) agency management. For each goal, objectives are listed which include past progress and a summary of issues and needs. Work plans follow each objective and include strategies/activities, target dates, divisional assignments, fiscal resources required, and expected outcomes. A plan in brief, summary of fiscal information, summary of data on children served, and regional maps with service locations and listings of services by regions are appended. (NB)

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CONNECTICUT DEPARTMENT OF CHILDREN AND YOUTH SERVICES



Department of Children and Youth Services

FIVE-YEAR

MASTER ROLLING PLAN

1986 - 1991

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Mark J. Marcus
Commissioner

January 1, 1986

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MASTER ROLLING PLAN 1986-1991

MISSION OF THE DEPARTMENT

Established in 1969, the Department of Children and Youth Services is mandated by legislative statute (C.G.S. 17-412) to:

. . . plan, create, develop, operate or arrange for, administer and evaluate a comprehensive and integrated statewide program of services, including preventive services, for children and youth whose behavior does not conform to the law or to acceptable community standards, or who are mentally ill, emotionally disturbed, delinquent, abused, neglected or uncared for, including all children and youth who are or may be committed to it by any court, and all children and youth voluntarily admitted to the department for services of any kind . . ."

The primary objective of Department services is to maintain children and youth in their own homes and communities. If substitute/out-of-home care is necessary, the objective then is reunification of children and youth with their families. If this is not possible, the Department seeks an adoptive home for the child or youth or effects placement in the most permanent, least restrictive and most family-like setting possible.

To accomplish this primary objective, the Department operates or arranges for services to children and youth through four levels of a "Continuum of Care." This continuum consists of Youth and Community Development, Support, Supplementary and Substitute services. The care of each child/youth is guided by an individual plan of treatment that is goal-oriented, time-limited, family-focused and clearly specifies the care and treatment for the client - whether a child, youth or family. All Department operated and funded services are guided by currently accepted professional practices.

MASTER ROLLING PLAN 1986-1991

ORGANIZATION AND SERVICES PROVIDED BY THE DEPARTMENT

The Department of Children and Youth Services is a multi-service agency which assists children and youth through both directly operated and funded services. The Agency's services include child protection, foster care, adoptions, juvenile corrections and rehabilitation, prevention and treatment of delinquency, child maltreatment, mental illness and emotional disturbance.

Mark J. Marcus, the Commissioner of DCYS, is advised by a 15-member State Advisory Council appointed by the Governor. Five 21-member Regional Advisory Councils are appointed by the Commissioner to advise on the development and delivery of services in each region.

The Commissioner's Office is supported by the following staff: three Executive Assistants who cover the functions of public relations, legislative liason and all other general inquiries to the Commissioner's office; the Affirmative Action Program Coordinator; the agency's Chief Psychiatrist; and the Division of Planning and Community Development.

Program Services are administered by Deputy Commissioner Charles A. Launi and include: the Division of Children and Protective Services; the Division of Institutions and Facilities; the Unified School District II; the Director of Management Services; the Program Project Coordinator and the Chief of Volunteer Services.

Administrative and Support Services are managed by Deputy Commissioner Ralph P. Adkins and include: the Division of Data Processing; the Division of Fiscal Services; the Division of Licensing; the Division of Personnel; the Division of Research and Evaluation; the Division of Treatment Standards and Assurances; the Chief of Engineering Services; the Office of Management Analysis; and the Manager of Grants and Contracts.

A brief description of the functions of the Affirmative Action Office and Department Divisions follows. Additional information including highlights on activity over the past year may be found in the Department's Administrative Report to the Governor.

MASTER ROLLING PLAN 1986-1991
ORGANIZATION AND SERVICES PROVIDED (Continued)

- . **Affirmative Action Office** provides guidance and assistance to managers in carrying out the Department's legal requirements of non-discrimination and affirmative action in recruitment, employment, training and promotion of minorities, women and other groups; and promotes the best use of available human resources for optimum staff services.
- . **Division of Planning and Community Development** coordinates agency and regional planning, manages a grant-in-aid program which includes youth service bureaus, child guidance clinics, day treatment programs, juvenile diversion programs, community emergency services; develops community-based prevention and treatment services for children, youth and their families, provides technical assistance training and consultation at the state, regional and local level; provides support to the DCYS Regional Advisory Councils and supervises the Wilderness School.
- . **The Unified School District II** plans, executes and evaluates the provision of an appropriate educational program for each child in the District which includes those educational programs for youth in the seven DCYS operated institutions and facilities.

Prescriptive and individualized education is closely integrated with the provision of treatment services toward the goal of enhancing the child's growth in preparation for his/her return to the community. The District assumes responsibility for coordinating activities between DCYS and the educational community including notifying local education agencies of DCYS placements, jurisdictional issues and re-entry planning.

The District is also responsible for those children residing in Private Residential Facilities for whom no other Board of Education has been designated as having jurisdiction. Additionally, the District consults with staff of Regional Offices on education related, legal, financial and program issues for children in DCYS care.

- . **The Division of Institutions and Facilities** provides substitute/ out-of-home care in seven DCYS operated institutions to protect children/youth and/or the public, and restores youngsters' functioning so they may return home or to a placement which is most permanent and family-like and least restrictive. DCYS operated institutions and facilities include:
 - . **Henry D. Altobello Children and Youth Center** providing in-patient psychiatric services for youth ages fourteen through seventeen from the eastern two thirds of the state (Regions II, III and IV)

MASTER ROLLING PLAN 1986-1991
ORGANIZATION AND SERVICES PROVIDED (continued)

- . The Division of Institutions and Facilities, (Contd)
- . Housatonic Adolescent Hospital
providing in-patient psychiatric services to adolescents ages fourteen through eighteen from the western one third of the state (Region I and V).
- . The Greater Bridgeport Children's Services Center
providing day treatment, psychiatric crisis and consultation and education services to children and youth ages five and one half to thirteen.
- . High Meadows
providing residential treatment, day treatment and group home services for emotionally disturbed children and youth ages six through fifteen.
- . RiverView Hospital for Children
providing inpatient psychiatric and partial hospitalization services for children and youth ages six through thirteen.
- . Long Lane School
providing residential treatment for youth adjudicated delinquent ages eleven through sixteen.
- . State Receiving and Study Home
providing temporary emergency shelter and diagnostic services for children and youth ages six through seventeen.
- . The Division of Children and Protective Services, operating out of 12 regional and subregional offices, protects children from abuse or injury, prevents the removal of children from their family and home, enables the children and their families to manage their problems, reunifies children (from substitute/out-of-home care) with their families, and operates Care Line as a 24-hour emergency response system.

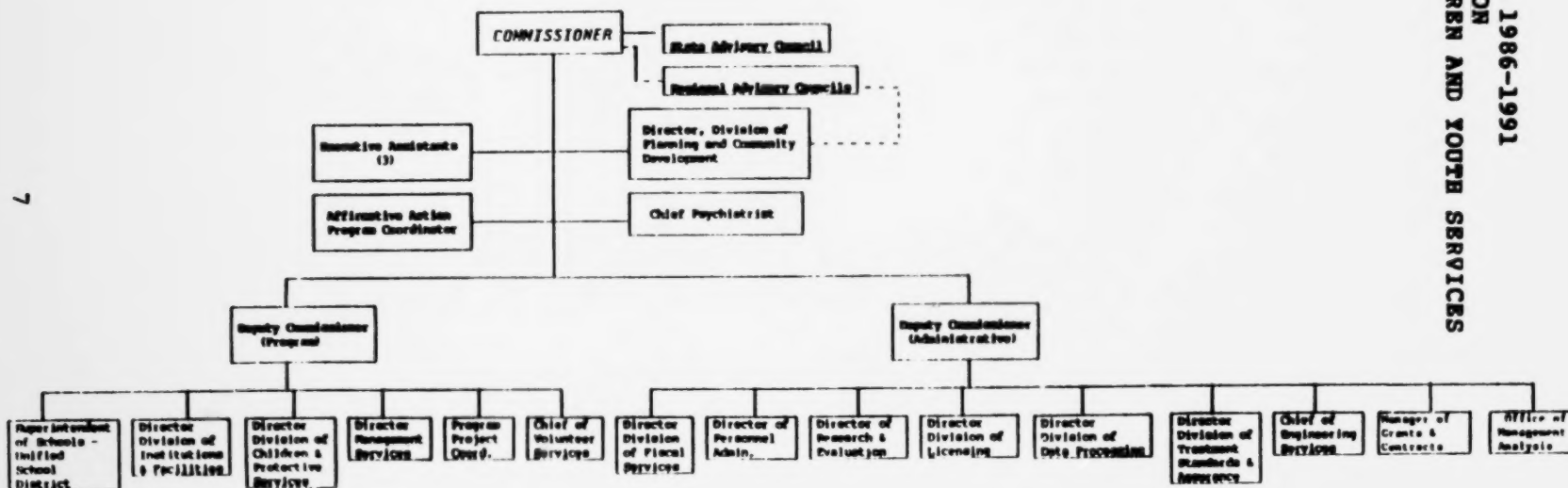
The Division also manages community grant-in-aid programs which offer additional services to protect children from maltreatment such as: multi-disciplinary child protection teams, parent aide programs, administrative office of statewide Parents Anonymous Chapters, permanency planning programs, emergency child care programs, therapeutic programs, a specialized service for families with incarcerated mothers and Regionally based clinical consultants.

MASTER ROLLING PLAN 1986-1991
ORGANIZATION AND SERVICES PROVIDED (continued)

- . The Division of Data Processing maintains a comprehensive Case Management System and Vendor Payment System for children and youth served by the agency.
- . The Division of Fiscal Services ensures the proper and efficient administration of funds made available to the Department to meet its statutorily mandated programs.
- . Division of Licensing licenses private child-care facilities for children and youth including temporary shelters, group homes, residential educational institutions and residential treatment facilities; recruits, studies, trains and licenses foster and adoption families and homes for Department placements; licenses private child-placing agencies; approves out-of-state and foreign agencies placing children in Connecticut families; licenses permanent family residences and administers the Adoption Resource Exchange.
- . The Division of Personnel Services assists management staff in providing quality care and treatment for children and youth through timely and effective recruitment, selection and placement, training and staff development activities, as well as sound personnel practice, policy and procedure.
- . Division of Research and Evaluation evaluates programs, services and facilities which are operated by, contracted for or supported by the Department, and conducts studies, undertakes research and publishes findings. The Division also maintains several automated case reporting systems, distributes reports monthly to agency managers and upon request.
- . The Division of Treatment Standards and Assurance helps the Department to protect the rights of children and youth in need of its services, and to establish and maintain standards of care and treatment. The Division provides support to and strengthens the accountability of all the Department's direct service programs. The Division administers quality assurance, policy and regulation development, interstate compacts and administrative hearings.

MASTER ROLLING PLAN 1986-1991
TABLE OF ORGANIZATION
DEPARTMENT OF CHILDREN AND YOUTH SERVICES

DEPARTMENT OF CHILDREN AND YOUTH SERVICES - TABLE OF ORGANIZATION



MASTER ROLLING PLAN 1986-1991

A MODEL FOR CHILDREN'S SERVICES - CONTINUUM OF CARE

Recognizing the need for a conceptual framework upon which to plan for and deliver services to children, the Department has adopted a Continuum of Care Model. This model is based upon the assumption that a range of services should be available to Connecticut children and families.

The primary objective of these services is to maintain children and youth in their own homes and communities. If substitute/out-of-home care is necessary, the objective then is reunification of children and youth with their families. If this is not possible, the Department seeks an adoptive home for the child or youth or effects placement in the most permanent and family-like and least restrictive environment.

To accomplish this primary objective, the Department operates or arranges for services to children and youth through four levels of a continuum of care. This continuum consists of Youth and Community Development, Support, Supplementary and Substitute Services - (See explanation below and the chart which follows). For the purposes of budgeting a fifth level, titled Management Services, has been added.

While receiving services the care of each child/youth is guided by an individual plan of treatment that is goal-oriented, time-limited, family-focused and specifies the care and treatment for the child/youth. All department operated and funded services are guided by current accepted professional practices.

Level I of the Continuum is Youth and Community Development Services which promote the healthy functioning of children and youth who are at risk of abuse, neglect, mental illness or delinquency caused by breakdowns in families. This level of care serves the largest number of children, youth and their families for the lowest unit cost and is the least intensive and least restrictive form of intervention.

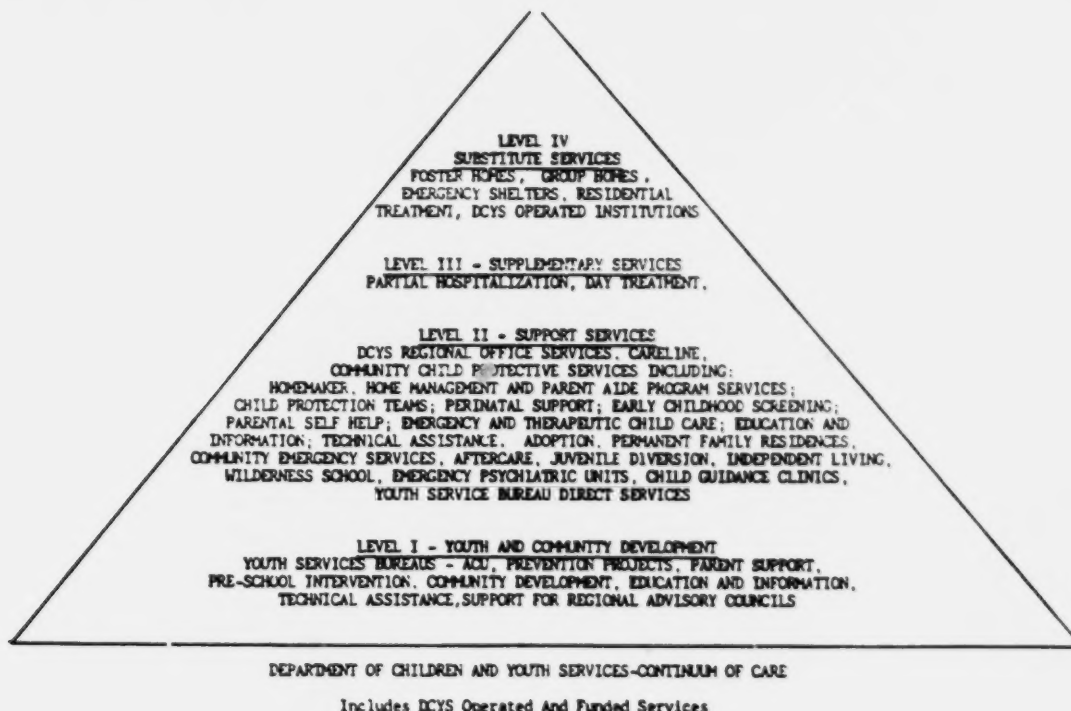
Level II of the Continuum is Support Services which protect children from abuse or injury, prevent children's removal from their families and homes, enable children and their families to manage their problems and reunify children (from substitute out-of-home care) with their families. This level of care serves children, youth and their families in their own homes and communities.

Level III of the Continuum is Supplementary Services which restore the functioning of children and youth and develop the ability of parents to cope with family life so that the children and youth can remain safely at home. Supplementary care compensates for parental limitation or the child's serious impairment. This level of care serves a small number of children, youth and their families in order to maintain children in their own homes when this is possible only if the child is out of the home for extended day treatment.

MASTER ROLLING PLAN 1986-1991
A CONTINUUM OF CARE MODEL (continued)

Level IV of the Continuum is Substitute Services (out-of-home including residential treatment and foster family care, which protect children and/or the public, and restore the child so he/she may return home or to a permanent placement which is most family-like and least restrictive. Substitute services treat children and youth who require the most intensive level of care and also protect children who have been seriously abused and must be removed from their homes. The most intensive substitute services are provided by DCYS-operated institutions. Less intensive substitute services are offered by private/non-profit temporary shelters, group homes and residential facilities. The least intensive and least restrictive Substitute Services are offered by foster families. Care and treatment at this level, in general, is the most costly, most intensive and most restrictive of the four levels of care.

Management Services ensure that appropriate, efficient and effective services are available to children and youth at each level of care in the continuum.



As will be evident hereafter, the Continuum of Care Model has served as the basis for fiscal analysis and the development of agency goals and objectives.

MASTER ROLLING PLAN 1986-1991

DEPARTMENT OF CHILDREN AND YOUTH SERVICES GOALS

1986-1991

- GOAL I** Develop a more comprehensive and integrated system to encompass child welfare, mental health and juvenile delinquency services such that families and communities are assisted in establishing and maintaining safe, stable, nurturing environments which enhance children and youth's growth and development. Develop the system in cooperation with federal, state, local, public and private organizations.
- GOAL II** Increase the level of resources available for preventive, support and supplementary services while ensuring that a quality substitute-care system is accessible for those children and youth requiring such services.
- GOAL III** Rehabilitate and reunite families as soon as possible if separation must occur; when reunification is not feasible, provide an alternate, nurturing family or the most family-like care available with emphasis on the child's and youth's need for permanency.
- GOAL IV** Strengthen the Department's capacity to assist youth in their transition toward an independent and productive adult life.
- GOAL V** Ensure that all DCYS direct and funded services are of high quality and are managed effectively.

MASTER ROLLING PLAN 1986-1991

INDEX OF GOALS AND OBJECTIVES - MRP 1986-1991 (Transition Progress Notes Included)

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MASTER ROLLING PLAN 1986 - 1991

DEPARTMENT OF CHILDREN AND YOUTH SERVICES

FIVE YEAR MASTER ROLLING PLAN

OBJECTIVES AND WORK PLANS

Objectives include past progress
and summary of issues and needs

Work plans follow each objective
and include strategies/activities,
target dates, Divisional assignments,
fiscal resources required and expected outcomes.

MASTER ROLLING PLAN 1986 - 1991

KEY TO DIVISIONAL ASSIGNMENTS AND OTHER ABBREVIATIONS
(as used in MRP objectives - work plans)

Comm. DCYS	-	Commissioner of DCYS
Dpty. Comm. Prog. Svcs.	-	Deputy Commissioner of Program Services
Dpty. Comm. Admin. Svcs.	-	Deputy Commissioner of Administrative Services
Affirm. Action	-	Affirmative Action Office
Chief Psych.	-	Chief Psychiatrist
DPCD	-	Division of Planning and Community Development
USD II	-	Unified School District II
DIF	-	Division of Institutions and Facilities
DCPS	-	Division of Children and Protective Services
Chief Vol. Svcs.	-	Chief of Volunteer Services
DFS	-	Division of Fiscal Services
DPA	-	Division of Personnel Administration
DRE	-	Division of Research and Evaluation
DL	-	Division of Licensing
DDP	-	Division of Data Processing
DTSA	-	Division of Treatment Standards and Assurances
ES	-	Engineering Services
G & C	-	Manager of Grants and Contracts
Prog. Div. Dir.	-	Program Division Directors Committee
C.O. Staff	-	Central Office Staff
R.O. Staff	-	Regional Office Staff
Reg. Dir.	-	Regional Director
Reg. Adv. Councils or RAC	-	Regional Advisory Council

MASTER ROLLING PLAN 1986-1991
GOAL I: COMPREHENSIVE SERVICE SYSTEM
OBJECTIVE A: COMPREHENSIVE SERVICE DELIVERY MODEL

OBJECTIVE:

By December 1, 1989, further refine and develop the Continuum of Care Model such that basic services needed at each level of the Continuum are identified and defined. Concurrently, continue to develop Preferred Practices for these basic services and use this expanded model to establish optimal numbers and location of services by Region.

BACKGROUND AND CURRENT LEVEL OF ATTAINMENT:

A Continuum of Care Model, (See page 8 for more detailed explanation) serves as a conceptual framework for planning, budgeting and delivering Departmental Services. This model is based on the assumption that a range of services should be available to children, youth and families and organizes these services according to four levels of care.

The Continuum of Care Model, by its very nature, is general. It does not measure the current level or adequacy of available services nor does it establish optimal numbers and locations of service. It also does not speak to the particular service needs of the various target populations that the Department is mandated to serve. ("Children and youth whose behavior does not conform to the law or to acceptable community standards, or who are mentally ill, emotionally disturbed, abused, neglected or uncared for." CGS 17-412)

During SFY '85, some initial steps in developing a more detailed information base for such a model system have taken place. These include:

- . A re-examination of the service definitions currently being used in the Department's Program Budget and other documents, and the incorporation of these definitions into agency policy.
- . A preliminary review of current Department program activities with related initiatives grouped for coordination, consolidation and priority setting. In this process, aftercare, day treatment and residential service needs of the Department have been identified as areas requiring particular attention.
- . An assesment of social worker perceptions of service needs in one DCYS subregional office has been completed and plans are underway to complete similar assessments throughout the state.
- . The Department has contracted with Yale University to conduct an epidemiological study of children's mental health needs in New Haven and, in the process, develop a methodology that could be applied statewide.
- . The Department issued an updated Regional Statistical Report with data on DCYS operated and supported services along the Continuum of Care presented by Region, and in many cases, by town.

MASTER ROLLING PLAN 1986-1991

GOAL I: COMPREHENSIVE SERVICE SYSTEM

OBJECTIVE A: COMPREHENSIVE SERVICE DELIVERY MODEL

- . Bi-weekly meetings between the Department's Program Divisions (Children and Protective Services; Unified School District, Institutions and Facilities; Planning and Community Development), have been occurring and will become the forum of integrating these and other program planning initiatives.

All of the above initiatives will continue and, because of the complex nature of several of the assessments, the timeline for the objective has been extended to December 1989.

MASTER ROLLING PLAN 1986-1991
GOAL 1: COMPREHENSIVE SERVICE SYSTEM
OBJECTIVE A: COMPREHENSIVE SERVICE DELIVERY MODEL

(continued)

ACTIVITY/STRATEGIES	DUE DATE	DIVISION ASSIGNED	ADDITIONAL RESOURCES REQUIRED	OUTCOME ACCOMPLISHMENTS
Review and, as necessary, revise or develop definitions of program services within each level of care and translate into policy.	2/86	Dpty. Comm. Prog. Svcs. Prog. Div. Dir.		Program definitions in Policy form
Incorporate revised definitions into SFY '88 Program Budget.	6/86	Program and Policy Committee		Program Budget content reviewed and revised as necessary
Review current and proposed departmental program activities for purposes of prioritization, coordination and consolidation with attention to aftercare, day treatment and residential services.	ongoing	Dpty. Comm. Prog. Svcs. Prog. Div. Dir.		Identification of a priority list of new program initiatives
Review ongoing strategies being utilized by various divisions to assess need, make recommendations for modification if needed, and develop procedures for receiving and utilizing assessment results.	2/86	Dpty. Comm. Prog. Svcs. Prog. Div. Dir.		Duplication of effort minimized, consistency in approach achieved; and assessment results available for analysis by Program Divisions.
Develop regional service profile utilizing continuum of care model as the structured format - outline available services by region by continuum level.	1/86 & annually thereafter	DPCD		Profile document available for review by Program Division Directors
With Yale University, design epidemiological study of children's mental health needs and pilot the study.	6/86	Yale Univ. Dpty. Comm. Prog. Svcs. DRE Chief Psych. DIF DPCD		Model designed and tested in New Haven for review by Program Directors.
Depending on results of New Haven pilot, conduct epidemiological study in remaining regions.	6/86	To be determined	Funds for contract and/or staff may be required	Statewide data of children's mental health needs available
Complete Regional office needs assessments in at least two sub-regional offices.	6/86	DCPS DPCD		Needs assessment data available for review by Program Division Directors
Complete Regional office needs assessments in remaining offices.	6/88	DCPS DPCD		Needs assessment data available for review by Program Division Directors
Increase monitoring of community based programs.	7/87 ongoing	DRE	SFY '87 option (see objective V.C. for more information)	Information on 146 additional programs available annually to be used for program planning.

MASTER ROLLING PLAN 1986-1991
 GOAL 1: COMPREHENSIVE SERVICE SYSTEM
 OBJECTIVE A: COMPREHENSIVE SERVICE DELIVERY MODEL

(continued)

ACTIVITY/STRATEGIES	DUE DATE	DIVISION ASSIGNED	ADDITIONAL RESOURCES REQUIRED	OUTCOME ACCOMPLISHMENTS
Develop Grants Management System.	7/88	DRE DOP DPCD DCPS G&C	SFY '87 option (see objective V.C. for more information)	Data on community based programs available to be used for program planning.
Issue Regional Statistical Report presenting client data on DCYS operated and funded programs, including community agencies (see objective V.C).	12/88 & annually thereafter	DRE DPCD		Updated information regularly available for program planning.
Results of Mental Health Epidemiological Study, Regional Office needs assessments and other studies regularly reviewed.	1/87 ongoing	Dpty. Comm. Prog. Svcs. Prog. Div. Dir.		Priorities identified.
Analyze Regional Service Profile and identify major gaps and omissions in regard to services availability, accessibility and relevance. Correlate findings with epidemiological data and needs assessments and communicate findings and recommendations to Program and Policy Committee.	12/89	Dpty. Comm. Prog. Svcs. Prog. Div. Dir.		Findings and recommendations presented to Program & Policy Comm.

MASTER ROLLING PLAN 1986-1991

GOAL I: COMPREHENSIVE SERVICE SYSTEM

OBJECTIVE B: STUDY OF SERVICES FOR MINORITY CLIENTS

OBJECTIVE:

January 1986 through December 1989 prepare yearly advocacy action plans which include a summary of recommendations and specific actions taken for enhancements in services for minority clients, building on a sequenced assessment of: existing services; model programs; case record reviews; staff and family interviews; and statistical data. Monitor the impact of advocacy action plans on a six month basis through December 1989.

BACKGROUND AND CURRENT LEVEL OF ATTAINMENT:

Figures provided in 1980 by the Federal Office of Civil Rights revealed that on the national level, children and youth from the overall population are placed out-of-home at a rate of 4 children per 1,000, while Black children are placed out-of-home at a rate of 9.5 per 1,000, American Indian children at a rate of 8.8 per 1,000, Hispanic children at a rate of 3 per 1,000 and White children at a rate of 3.1 per thousand. Department figures for 1985 indicate an overall out-of-home placement rate for all children of 5.1 per 1,000, with 17.5 placements per 1,000 for Black children, 8.6 placements per 1,000 for Hispanic children and 3.4 placements per 1,000 for White children.

According to data from the 1980 "Children and Youth Referral Survey" (a survey of children and youth in out-of-home care as provided by the Office for Civil Rights), Black children comprise only 14% of the population under age 19 nationally, yet they represent 33% of all children in out-of-home placement.

Using our largest minority group as an example, we find that Black children, according to 1980 Census figures, represent 9.6% of the children in Connecticut under age 18. Department figures for 1985 indicate that, similar to national figures, approximately 33% of children in DCYS out-of-home placements are Black (Using the 1980 Census and Title VI Report on open cases in out-of-home placement in Connecticut June 1985).

There are various hypotheses as to why disproportionate numbers of minorities are placed in out-of-home care. Poverty is highly associated with those children and youth represented in out-of-home care. National figures indicate that more than 50% of Black children age 18 and under live in poverty. For Hispanic children approximately 45% are living in poverty, while approximately 20% of White children live in poverty. Two additional factors may be impacting Connecticut's relatively higher out-of-home placement figures. Unlike most other states, Connecticut consolidates mental health and juvenile justice figures with child welfare figures to obtain the out-of-home placement rate. Also Connecticut's unique non-committed treatment program permits children to receive needed residential services which are not available in other states.

The design and availability of preventive and supportive services may also impact the flow of minority clients into out-of-home care. A study of trends for out-of-home placement for Connecticut minorities, with a view toward comparing the proportions served at preventive and supportive levels with those served in out-of-home care, is underway utilizing the available data-base.

A Departmental Minority Study/Advocacy Committee has reviewed the approach and materials needed. The study will focus on our two largest represented racial and ethnic minority groups; Black and Hispanic children, youth and families. The committee has recommended a two tiered approach: (1) to develop and issue yearly advocacy action plans, while (2) organizing and building a data base which will both determine and strengthen future recommendations.

MASTER ROLLING PLAN 1986-1991

GOAL I: COMPREHENSIVE SERVICE SYSTEM

OBJECTIVE B: STUDY OF SERVICES FOR MINORITY CLIENTS

(continued)

As part of building the data base, case record reviews, staff interviews and interviews with clients in three racial/ethnic categories (Black, Hispanic, White) have been recommended by the study committee to augment statistical data. Client interviews are seen as critical to obtaining information on service needs of minority clients. It is further recommended that these interviews be conducted in a manner to achieve the highest level of authentic response, including matching race and ethnicity of interviewer with client and having interviews conducted by objective third parties. The preparation necessary to implement the interview phase of the study has made the extension of timelines necessary.

Because information on DCYS Level IV out-of-home services is more readily available, the study group has proceeded with a review of these services as a start. Additionally, review of services in the first three Levels; I - Preventive, II - Supportive, and III - Supplementary, will take place as the agency's data base becomes more fully automated. The timelines for the study have also been extended for purposes of permitting a comprehensive review of the statistical data base for all levels of care.

Additional staff time will be necessary to complete a comprehensive study. Increased research staff have been requested for SFY '87 (See Objective V-C -- Department Information Gathering and Statistical Reporting System) and will be responsible for the development of a data base, as part of a Grants Management System, from which information necessary for the completion of the study will be drawn.

MASTER ROLLING PLAN 1986-1991
GOAL 1: COMPREHENSIVE SERVICE SYSTEM
OBJECTIVE B: STUDY OF SERVICES FOR MINORITY CLIENTS

(continued)

ACTIVITY/STRATEGIES	DUE DATE	DIVISION ASSIGNED	ADDITIONAL RESOURCES REQUIRED	OUTCOME ACCOMPLISHMENTS
Maintain a Departmental study/advocacy team consisting of representatives from Affirmative Action, Research and Evaluation, Staff Development, Grants and Contracts Management Children and Protective Services, Treatment Standards and Assurances, Planning and Community Development and consulting with Divisions of Institutions and Facilities and Licensing. Team follows workplan.	1/86 ongoing	Affirm. Action DPCD		Study team meets and follows work plan
Maintain liaison with Hispanic Issues Task Force.	1/86 ongoing	Affirm. Action		Information sharing and coordination of efforts.
Prepare and issue yearly advocacy action plans and monitor impact on 6 month basis.	2/86 ongoing through 12/89	Minority Study Committee		Advocacy/Action plan issued. Impact is measured by 6 month monitoring.
In sequential steps, as necessary computerized information becomes available, continue assessment of number and percentage of minorities served at all levels of care and assess minority staff levels in Department programs. Include information in advocacy action plans.	1/86 through 12/89	Affirm. Action DRE DPCD		Assessment finalized serving as statistical data base for action plans.
Continue to review promising model practices serving Black and Hispanic minority populations especially those in preventive and support services. Include as a summary in advocacy action plans.	1/86 ongoing	Affirm. Action DPCD Minority Study Committee		Reports on model practices available.
Design and develop formats for case record reviews and coordinate implementation with ongoing Department case record reviews.	1/86 through 12/86	DRE DCPS DTSA Minority Study Committee		Formats developed and case record review completed.
Develop a format and consider alternatives to implement staff and family interviews and make recommendation to Program and Policy Committee for decision.	12/86	Minority Study Committee		Format developed and decision on best alternatives for conducting interviews.
Secure and train interviewers or contract with appropriate community agencies.	9/87	Minority Study Committee	possible contract for services or student interns	Interviewers secured and trained
Complete staff and family interviews.	12/87	Minority Study Committee	(see above)	Interviews completed
Consult with community representatives and providers of services on model practices.	4/88	Affirm. Action DPCD		Input from Community representatives obtained on model practices
Prepare final report (12/89) with recommendations for action and monitor through 12/90.	12/89 through 12/90	Affirm. Action Minority Study Committee DPCD		Report and final recommendations issued, implemented and monitored.

MASTER ROLLING PLAN 1986-1991
TRANSITION NOTE

MASTER ROLLING PLAN 1985-1990
GOAL I: COMPREHENSIVE SERVICE SYSTEM
OBJECTIVE C: THE CHILDREN'S MENTAL HEALTH PLAN

OBJECTIVE:

By September 1985, finalize the Children's Mental Health Plan assessing future mental health program development and implementation activities. Incorporate ~~assessment~~/recommendations in 1986-1991 Master Rolling Plan.

CLOSURE STATEMENT:

This objective, which deals with development of a Children's Mental Health Plan document, will be retired from the plan because it will be merged into the activities, of Objective I.A., Comprehensive Service Delivery Model.

FINAL PROGRESS NOTE:

Due to staff constraints, the draft Children's Mental Health Plan was not released for review and comment by the targeted date. The Plan will be released in the spring of 1986 and the needs outlined will be addressed through Objective I-A as mentioned above.

MASTER ROLLING PLAN 1986-1991
GOAL II: QUALITY SERVICE SYSTEM
OBJECTIVE A: PREVENTION

OBJECTIVE:

1986-1991: provide the necessary coordination, training and technical assistance, information and funding to ensure long term availability of programs to prevent child abuse and neglect, juvenile delinquency and emotional dysfunction of children and youth in each DCYS region.

BACKGROUND AND CURRENT LEVEL OF ATTAINMENT:

Prevention services (Level I of the Continuum of Care) are the least intrusive and most cost effective form of intervention with families. They are based on the concept that positive child and youth development occurs when young people develop a positive bond to four key environments namely families, schools, peers and the community. Along with building skills and competencies, preventive services often involve changing these four key environments to provide more opportunity for positive youth involvement and participation.

Within the Department, two Divisions support the development of prevention services. The Division of Children and Protective Services, through the Connecticut Children's Protection Project, supports the delivery of services to prevent child abuse and neglect. The Division of Planning and Community Development, through the Youth Service Systems and Prevention Coordinators, supports the development of services to prevent emotional dysfunction and juvenile delinquency. Both Divisions are continuing the development of a comprehensive system of resources designed to increase regional and local prevention capacity and develop effective community-based prevention programs. These Divisions have provided: information and education; technical services such as training, evaluation assistance and consultation; and funding for demonstration projects to other agencies and groups. These groups include other state departments, the DCYS regions through regional prevention committees, local schools, community-based agencies and municipal leaders. A strong emphasis has been put on interagency and interdivisional projects, and when possible, on joint public/private partnerships.

Several successful pilot demonstration projects have resulted. They include: (a) participation in the selection of eight pilot prevention programs funded by the Justice Planning Division, Office of Policy and Management, (b) further development of the Child Abuse Awareness in the School Project and, (c) continued collaboration with the State Department of Education in the Primary Mental Health Project, an early detection and screening program for children in grades K-3 with school adjustment problems, and in the Secondary School Development Project, a school improvement project in the middle and secondary schools, and (d) completion of a proposal for a joint Stress Management Project that will serve families receiving parent-aide services.

DCYS' particular interest in the Secondary School Development Project has been to include parents and the community in the project. In the past year, DCYS contracted with the Bureau of Education Research and Service to develop the Parents Attitudes Toward School Effectiveness (PATSE) survey. The survey has been successfully piloted and will be used in new schools entering the project.

MASTER ROLLING PLAN 1986-1991
GOAL II: QUALITY SERVICE SYSTEM
OBJECTIVE A: PREVENTION

(Continued)

Other developments over 1985 include: (a) Prevention training workshops held for schools and community agencies; (b) a project to produce technical assistance manuals on selected topics (parenting, substance abuse, peer education, teen theater) was initiated with the Connecticut Youth Services Association; (c) a special issue of Connecticut's Children explored the issue of sexual abuse; (d) the first issues of the Prevention Quarterly, containing information on model programs, promising practices and resources for prevention, were published; (e) model child abuse and neglect prevention strategies were highlighted during Child Abuse Prevention Month in April and DCYS' progress in child abuse prevention was published in the annual report of the Connecticut Children's Protection Project; (f) a pilot stress management program was initiated for parents receiving parent-aide services in the Rockville area; (g) permanent funding for a statewide Prevention Coordinator position was secured.

While significant progress has been made, efforts to improve existing services and develop additional programs are hindered by a lack of funding and available technical support for prevention efforts. For the past five years, a small percentage of the DCYS budget has been allocated for Level I - Youth and Community Development Services (1.8% in SFY '82; 1.9% in SFY '83; 1.5% in SFY '84; and 1.6% in SFY '85). This has meant that:

- . There are communities that are without adequate Level I services.
- . Existing programs are insufficiently funded.
- . Certain populations may be underserved.
- . There is a lack of support for new programs representing promising practices.

For SFY '87, the Department has submitted a number of budget expansion requests to increase support for community-based strategies to promote prevention service. These include:

Ten Parent Education and Support Centers - These programs teach and reinforce positive parenting, as well as provide other support services to parents. Among the services that might be included in such programs are: parent training; family life education; parent support groups; book and toy lending libraries; and information and referral. Training and technical assistance on how to teach and promote positive parenting are also offered to school staff, employers, and medical staff.

Ten to Fifteen FWSN School Home Liaison Projects - FWSN School Home Liaison Projects, (Family-school collaboration programs) help reduce the incidence of school-related status offenses (i.e., truancy, defiance of school rules) which can lead to more serious delinquent behaviors by linking schools, families and community resources. The services provided might include adopt-a-school programs, home-school coordinators, inservice training for teachers and administrators on home-school contacts, and at-home reinforcement activities. Community agencies might provide decision-making and problem solving skill training, peer education programs, and student involvement programs.

Secondary School Development Project - A Secondary School Development Specialist position has been requested to assist in the implementation of the Secondary School Development Project in additional schools in cooperation with the State Department of Education. School improvement projects, such as the Secondary School Development Project, promote the positive development of young people by improving the effectiveness of secondary schools and increasing the incidence of student achievement particularly among traditionally alienated students exhibiting problems such as truancy, absenteeism and school failure.

MASTER ROLLING PLAN 1986-1991
GOAL II: QUALITY SERVICE SYSTEM
OBJECTIVE A: PREVENTION

(Continued)

Ten Child Care Resources for High Risk Families (Before and After School Care) - Quality child care resources support the positive development of children of working parents who might otherwise remain unsupervised or inadequately supervised, particularly during the non-school hours. Programs include: skill-building; recreational and educational components; and will actively involve parents and include the use of volunteers, young people and the elderly.

Two additional initiatives are:

Substance Abuse and Delinquency Prevention Programs - DCYS, in collaboration with the State Department of Education and the Connecticut Alcohol and Drug Abuse Commission, will develop a statewide substance abuse and delinquency prevention initiative. Included in the effort is support for community-based programs that aim to prevent substance abuse and delinquency. This would be accomplished by offering structured opportunities for students to interact with peers and adults through activities in which young people assume roles requiring initiative and assertiveness. This proposal was not submitted as a budget option for SFY'87, however the State Department of Education, the Connecticut Alcohol and Drug Abuse Commission and DCYS anticipate that this initiative will be legislatively mandated with an accompanying appropriation.

Child Abuse and Neglect Prevention Programs - Private and public funds are being sought to develop and implement several important child abuse and neglect prevention initiatives. Parent training for parents of special needs children will be increased. Funds will also be sought to expand the Child Abuse Awareness in the Schools Project. This project, through a collaborative effort, provides training for school personnel in recognizing and reporting child maltreatment. The project, now operating primarily in elementary and middle schools, will be expanded to include high schools. Training for other mandated reporters will also be expanded.

MASTER ROLLING PLAN 1986-1991
GOAL II: QUALITY SERVICE SYSTEM
OBJECTIVE A: PREVENTION

(continued)

ACTIVITY STRATEGIES	DUE DATE	DIVISION ASSIGNED	ADDITIONAL RESOURCES REQUIRED	OUTCOME ACCOMPLISHMENTS
<u>FUNDING AND PROGRAM DEVELOPMENT</u>				
1. Develop pilot prevention projects that promote skill-building and enhanced family and school environments.				
a. Design, solicit, review and evaluate applications for parent education and support centers and begin funding.	10/86	DPCD	SFY '87 option \$225,000 2nd year cost \$300,000	10 New parent education centers funded and operational resulting in projected 4,000 parents served on an annual basis.
b. Design, solicit, review and evaluate applications for FWSN School-home Liaison Projects and begin funding.	10/86	DPCD	SFY '87 option \$225,000 2nd year cost \$300,000	10 New programs FWSN School Home Liaison projects funded in 40 schools serving projected 3,200 students annually.
c. Design, solicit, review and evaluate applications for before and afterschool child care programs and begin funding.	10/86	DPCD DCPS	SFY '87 option \$300,000 2nd year cost \$400,000	10 New afterschool programs funded serving projected 1000 children on an annual basis.
d. Conduct a pilot Stress Management Project for families receiving parent aide services.	4/87	DPCD LCPS		Successful completion of pilot project
e. Write a proposal for parent training for parents of special needs children.	6/86	DCPS		Proposal completed
2. Develop a comprehensive statewide substance abuse and delinquency prevention initiative in cooperation with the State Department of Education and the Connecticut Alcohol and Drug Abuse Commission and begin funding.	10/86	DPCD	Anticipated Legislative appropriation \$500,000	New programs funded and operational
3. Expand the Secondary School Development Project in conjunction with the State Department of Education.				
a. Hire an additional staff person.	10/86	DPCD	SFY '87 option 1 position	Additional staff position filled.
b. Administer the DCYS Parent Attitudes Toward School Effectiveness (PATSE) instrument in project schools and provide other consultation services.	ongoing	DPCD		5 additional schools participating in the project.

MASTER ROLLING PLAN 1986-1991
GOAL II: QUALITY SERVICE SYSTEM
OBJECTIVE A: PREVENTION

(continued)

ACTIVITY/STRATEGIES	DUE DATE	DIVISION ASSIGNED	ADDITIONAL RESOURCES REQUIRED	OUTCOME ACCOMPLISHMENTS
<u>TRAINING AND TECHNICAL ASSISTANCE</u>				
4. Expand the Child Abuse Awareness in the Schools Project to all school grades and to additional school systems in Connecticut.				
a. Revise the curriculum as appropriate for secondary schools.	9/86	DCPS		Revised curriculum for secondary schools
b. Train additional teams to implement the curriculum in both elementary and secondary schools.	9/87	DCPS		Increase in number of training teams
c. Develop a plan and budget to maintain the project in elementary and secondary schools.	9/87	DCPS	To Be Determined	Plan developed to maintain the project
d. Participate in planning for development of statewide initiative for prevention of child sexual abuse.	1/86	DCPS		Implementation of coordinated statewide efforts.
e. Expand the training model to other mandated reporters.	6/87	DCPS		Additional training models developed.
5. Work with the Prevention Committee of Connecticut Youth Services Association to develop guidelines for prevention programs in four key areas; parenting, substance abuse, peer education, teen theater.	6/86	DPCD		Publication of technical assistance manuals
6. Continue DCYS role in developing the Primary Mental Health Project by coordinating state level training for the aides in the project.	6/86	DPCD		Training workshops held and evaluated.
<u>INFORMATION AND PUBLIC AWARENESS</u>				
8. Coordinate Child Abuse Prevention Month activities.	4/86 annually	DCPS		Materials developed Coordinator's report published
9. Produce Connecticut's Children and the Prevention Quarterly	quarterly	DCPS DPCD		Publications produced quarterly
10. Produce an annual report on the Connecticut Children's Protection Project.	annually	DCPS		Annual Report provided.

MASTER ROLLING PLAN 1986-1991

GOAL II: A QUALITY SERVICE SYSTEM

OBJECTIVE B: FAMILY SUPPORT AND TREATMENT SERVICES

OBJECTIVE:

By July 1989, strengthen the network of family support and treatment services which alleviate problems associated with child maltreatment, mental illness and delinquency.

BACKGROUND AND CURRENT LEVEL OF ATTAINMENT:

Family support services are a critical component of the Department's commitment to the principle that children and youth are best served in their homes and communities through services that are the least restrictive and the least intrusive in their lives. They also play a vital role in assisting the Department to achieve its primary goal; that of maintaining children and youth, whenever possible, in their homes and communities. To be effective, family support services must be part of a comprehensive, integrated network of community-based services which also include preventive (see objective II-A) and supplementary services. No single service or program can respond to all the community-based service needs of Connecticut's children, youth and families. The absence of a comprehensive, community-based network contributes to increased out-of-home placements, raises rates of readmissions and reactivated cases, and produces an increasing reliance on institutional programs and direct purchase-of-services which are predominantly at Level IV of the Continuum-Of-Care. Currently, out of necessity, 59.2% of the Department's SFY '86 budget is devoted to supporting an out-of-home substitute care system (Level IV), while 29.3% of the SFY '86 budget is allocated to support services (Level II) which includes several DCYS-operated programs (i.e., DCYS Regional Offices). As a result, the percent of funds going to Level II community-based programs is actually lower than 29.3%.

In order to build and sufficiently maintain a comprehensive, integrated community-based network of services, including family-support services, an infusion of funds is required with an emphasis on public/private partnerships and competitive funding to select the most programmatically sound and cost-effective programs. Several existing program areas are not sufficiently funded and either have, or may need to, cut services. There are also significant gaps in certain essential community-based services in many parts of the state. Even where a comprehensive service continuum exists, in a Region or town, service levels often can not meet the demand. Community-based programs are also rarely funded or staffed at a level that allows them to effectively serve the seriously impaired children and youth that are the objective of deinstitutionalization efforts. In response to these complex needs, the timeline for this objective has been extended and its focus has been shifted to community-based resource development. The overall service delivery model development, needs assessment and coordination strategies previously associated with this objective are now described in Goal I - Objective A.

To systematically address the current situation in family support and treatment services, the Department has submitted for SFY '87 a Community-Based Network Expansion Package. The Package contains a series of programmatic expansion items designed to move the Department closer to the creation of an effective comprehensive network of community-based services, including family support services. The following is a review of the current status of needs among the key components of the community-based family support network:

MASTER ROLLING PLAN 1986-1991

GOAL II: A QUALITY SERVICE SYSTEM

OBJECTIVE B: FAMILY SUPPORT AND TREATMENT SERVICES

(continued)

Child Guidance Clinics/Emergency Services

Currently, only 8.6% of the total DCYS budget goes to support all Level I, II and III community mental health services. All DCYS supported child guidance clinics and emergency psychiatric programs depend on a number of revenue sources, in addition to their DCYS award, for their operations. DCYS support ranges from 15% to 66% of total cost for these programs. Recent trends indicate that many programs are experiencing marginal or no increases in other revenue sources such as service fees, third party reimbursements, Title XIX and private grants. Meanwhile, these same programs are receiving more referrals from moderate to low income families. Funding difficulties have led many current programs to struggle just to maintain existing services and have precluded any service expansion. Without enhanced funding from DCYS, existing service levels will be reduced in several programs. Also, waiting time for initial entry into service will increase thereby making these programs less responsive to client needs and increasing the possibility of out-of-home placements.

Further, there is a need both to expand child guidance clinic services in Hartford and to establish on a competitive basis, similar services in Middlesex County. Hartford now has only one publicly funded child guidance clinic that also serves a number of surrounding towns. As a result, community child psychiatric admissions from the City of Hartford in SFY '84-85 were approximately half as great as admissions from either New Haven or Bridgeport (cities of similar size and income level). DCYS funding to support such services in Hartford is also significantly lower than in the other major cities in Connecticut. Meanwhile, Middlesex County is the only area of the state not covered by a publicly supported child guidance clinic. In SFY '85, only 31 children and youth, from a youth population in Middlesex County of 34,125, were admitted to publicly funded child guidance clinics. Based on admission data for clinics statewide, it is projected that at least 200 children and youth from this area would need to be admitted to such services annually with ongoing caseloads projected at over 400 a year.

Presently, there is also a need to create emergency psychiatric programs where such services do not exist to immediately assess and treat children and youth in acute emotional crisis in order to stabilize their current condition and prevent hospitalization. Currently, DCYS supports only two 24-hour emergency psychiatric programs for children and youth. Region I, including the cities of Bridgeport and Stamford, does not have access to such a service. DCYS also does not support emergency psychiatric programs in either Region V or III. Funds to establish such a program in Region I have been requested for SFY '87. Once such a pilot has been established, new programs for Regions V & III will be considered.

Increased funds are being requested for SFY '87 to cover the maintenance/enhancement of existing child guidance clinic/emergency services, the expansion of Hartford clinic services, the creation of the new child guidance clinic in Middlesex County and the creation of an emergency psychiatric program in Region I.

DCYS also does not currently require that child guidance clinics be licensed or accredited. During SFY '86 DCYS and The Connecticut Association of Mental Health Clinics for Children will study and develop recommendations regarding licensing or accreditation. Depending on the results of this study, possible legislative, regulatory and budgetary proposals may be developed.

MASTER ROLLING PLAN 1986-1991

GOAL II: A QUALITY SERVICE SYSTEM

OBJECTIVE B: FAMILY SUPPORT AND TREATMENT SERVICES

(continued)

Youth Service Bureaus

Currently, 65 Youth Service Bureaus provide services to 87 municipalities throughout the state. These bureaus are one of the major DCYS supported non-residential programs serving pre-adolescent and adolescent youth and are the major non-residential service for pre-delinquent and delinquent youth. Actual dollar support, however, is very limited. In SFY '86, only 3.1% of the total DCYS budget went to support all community-based non-residential juvenile delinquency services. There is a need to expand Departmental support for Youth Service Bureaus to meet the increased demand for the services they provide. Failure to do so will result in more adolescent and pre-adolescent youth being placed out-of-home or remaining in out-of-home care for a longer period of time.

In addition to expanded support for existing Youth Service Bureaus, there is also the need to create new bureaus in municipalities not currently covered by these services. At present, a number of municipalities have met application requirements to establish Youth Service Bureaus but have not been able to move forward due to lack of DCYS funds. Among new bureaus, there is a particular need to establish a Youth Service Bureau in the eight-town area of Northwest Connecticut (Region V) where community-based services for youth are very limited.

Increased funds have been requested for SFY '87 for expansion of existing Youth Service Bureaus and creation of new bureaus.

Community Child Protection Programs

These programs provide community-based early intervention and remediation services to children, youth and their families to reduce the incidence of child abuse and neglect. Increased funds have been requested for SFY '87 to continue beyond SFY '86 Community Child Protection Programs currently funded through Federal Title IV-B funds. The following Community Child Protective Programs are addressed through the current budget expansion request:

- . Multidisciplinary Child Protection Teams - These teams assess, plan, and arrange treatment services for individual cases, educate public and professional groups about child welfare issues, and coordinate service delivery systems and resources to respond to unmet needs. Funds are being requested for SFY '87 to replace the impending loss of Federal funds for teams.
- . Parent Aides, Homemakers and Home Management Programs - These programs teach parenting skills, demonstrate appropriate parent/child interaction, and stabilize the family to prevent the removal of children or to effect the return home of children in substitute care. Funds are being requested for SFY '87 to replace the loss of Federal funds for programs.
- . Parental Self-Help - These programs increase parental self-esteem, reduce isolation, and teach parents how to deal with their feelings so that they can manage their children effectively without abusing them. Funds are being requested for SFY '87 to replace the loss of Federal funds for programs.
- . Emergency and Specialized Day Care - (see next section - Child Care for High Risk Families)

MASTER ROLLING PLAN 1986-1991

GOAL II: A QUALITY SERVICE SYSTEM

OBJECTIVE B: FAMILY SUPPORT AND TREATMENT SERVICES

- . Clinical Consultation Services - These are consultation services provided by mental health professionals to Regional Office staff. State funds are being requested for SFY '87 to replace the loss of Federal funds for clinical consultation services in all five DCYS Regions.
- . Reunification Services - Reunification services assist children and youth returning home from out-of-home placement and children in need of a permanent placement other than the biological family. State funds are being requested to replace the loss of Federal funds for Foster Parent Training and Support Programs and to expand the service levels currently provided. Projects previously funded under the Reunification and Permanency Project are also included. (see Goal III-C, of '85-90 MRP)

Child Care For High Risk Families

Presently, the Department provides limited support for child care services for high risk families. The successful development of a comprehensive, community-based network of family support services involves expanding existing child care services for high risk families such as therapeutic child care and respite care. The demand for community-based child care resources is extremely high.

- . Therapeutic Child Care - Currently, the Department funds at least one program in every region except Region I where no program exists. In addition to developing a program in Region I, expanded funding support by DCYS to existing programs is required to ensure that all programs contain the following components -- (a) parent education through individual, highly structured parent/child interaction sessions, (b) classroom activities to build family socialization skills and (c) a follow-up component. Failure to expand existing programs will result in more abused/neglected children being placed in out-of-home care or remaining in care for a longer period of time. Increased funding has been requested for SFY '87 to increase the numbers of children being served.
- . Respite Care - At present, respite care resources are available in only two of five DCYS regions and the existing programs vary greatly in scope. There is a need to expand Departmental support for respite care such that new programs are created in Regions I, II and IV and to ensure that all programs include; (a) 24-hour, 7-day a week service, (b) service on an emergency basis and (c) a duration of stay ranging from 1-15 days. Failure to expand these programs will result in more abused/neglected children being placed in out-of-home care or remaining in care for a longer period of time. Funds are being requested for SFY '87 to increase numbers of children receiving such services.
- . Day Care Coordinator - Presently the Department does not have a position which is responsible for the overall coordination and development of child care resources for high risk families. One staff position is needed within the Division of Children and Protective Services to manage DCYS services and respond to maltreatment which occurs outside of the home in child care settings. This staff person would be responsible for developing a protocol for cases of maltreatment; coordinating and securing funds for training day care center staff in techniques of prevention, detection and reporting of child abuse; and providing information on available day care resources to Department Regional Office staff and the general public in conjunction with other information services such as Info-Line. Funds, plus one position, have been requested to address the identified child care needs for family support services in SFY '87.

MASTER ROLLING PLAN 1986-1991
GOAL II: A QUALITY SERVICE SYSTEM
OBJECTIVE B: FAMILY SUPPORT AND TREATMENT SERVICES

- Management Positions - The Department needs two permanent positions and one, two-year position to enhance the capacity of the Child Abuse Referral and Investigation section of the Case Management System. This is necessary to fulfill the Department's expanded mandate to record and distinguish between referrals on abuse/neglect perpetrated by nonprimary caretakers and primary caretakers. This project involves a special emphasis on funded day care settings. These positions have been requested for SFY '87.

Wilderness School

The Wilderness School is a experiential program which works with troubled adolescents. The school seeks to make a permanent impact on the self-esteem, behavior and attitudes of adolescents referred by community agencies. For the past six years, follow-up specialists who provide short wilderness courses, reunions, parent nights, urban experiences, newsletters, counseling and crisis intervention, have been supported through corporate contributions and foundation grants. There is a need for the Department to provide permanent, ongoing support for two follow-up specialists. If state funds are not secured the positions will have to be discontinued which will have a significant negative impact on the entire Wilderness School Program; a national model.

Aftercare - Re-entry Services

Beyond serving as a less restrictive, more community based form of initial intervention, support services are also required when a child or youth returns to the community following out-of-home care. The availability of such services can facilitate the child/youth's successful re-entry into the community, reinforce treatment gains made during placement, and serve to divert the youngster from renewed contact with the system.

A Commissioner appointed Aftercare Task Force, (comprised of DCYS staff and representatives from child-caring agencies, group homes, emergency shelters, child guidance clinics and youth service bureaus), is currently reviewing results of the Reunification Project Aftercare Study and is developing plans for improving follow-up services provided after placement. Funds have also been requested for SFY '87 to establish, on a competitive basis, a re-entry program in each of the five DCYS regions. Depending on Task Force recommendations, additional budget requests may be developed for subsequent years.

To effectively administer and manage this infusion of new funds into existing and new community-based family support and treatment services there is the need for the Department to secure an additional Planner-II position in SFY '87.

While the preceeding delineates a major effort to strengthen the network of family support and treatment services, it is only the first step. In subsequent years, additional program areas of critical importance also need to be addressed. These include community-based substance abuse prevention and therapeutic programs for alcohol and drug abusing children, youth and parents; life skills programs for older adolescents (See Objective IV-A); and an increased Departmental capacity to conduct special studies and research on problems and promising practices associated with family support and treatment services.

MASTER ROLLING PLAN 1986-1991
 GOAL II: A QUALITY SERVICE SYSTEM
 OBJECTIVE B: FAMILY SUPPORT AND TREATMENT SERVICES

(continued)

ACTIVITY/STRATEGIES	DUE DATE	DIVISION ASSIGNED	ADDITIONAL RESOURCES REQUIRED	OUTCOME ACCOMPLISHMENTS
ALLOCATE INCREASED FUNDING FOR THE MAINTENANCE, ENHANCEMENT AND EXPANSION OF CHILD GUIDANCE CLINICS/EMERGENCY SERVICE PROGRAMS INCLUDING:				
Finalize allocation procedure and distribute maintenance/enhancement funding to existing child guidance clinic/emergency service programs.	1/87	DPCD	SFY '87 option \$104,000 2nd yr. cost \$208,000	Increased funding allocated resulting in projected 135 additional children and youth receiving individual or group therapy.
Solicit, review and evaluate applications for expanded child guidance clinic services for Hartford and for new clinic services in Middlesex County and begin funding.	10/86	DPCD	SFY '87 option \$300,000 (\$150,000 each Region) 2nd yr. cost \$400,000	Programs funded and operational resulting in 400 additional children/youth served on annual basis for both Hartford & Middlesex County
Design, solicit, review and evaluate request for proposal for new emergency psychiatric services in Region I and begin funding.	1/87	DPCD	SFY '87 option \$125,000 2nd year cost \$250,000	Program funded and operational resulting in 290 additional children/youth served through emergency psychiatric services.
ALLOCATE INCREASED FUNDING FOR THE MAINTENANCE, ENHANCEMENT AND EXPANSION OF YOUTH SERVICE BUREAU PROGRAMS INCLUDING:				
Finalize allocation procedure and distribute maintenance/enhancement funding to existing Youth Service Bureaus.	1/87	DPCI	SFY '87 option \$146,250 2nd yr. cost \$292,500	Increased funding resulting in projected increased services on an annual basis: 640 additional youth diverted from juvenile justice system; 2,970 additional youth served; 18 additional programs with local schools.
Solicit, review and evaluate applications for new Youth Service Bureaus and begin funding.	7/86	DPCD	SFY '87 option \$59,000	Up to four new bureaus funded and operational resulting in projected increased services: 64 additional youth diverted; 765 additional youth receiving services; 5 additional programs

MASTER ROLLING PLAN 1986-1991

(continued)

GOAL II: A QUALITY SERVICE SYSTEM

OBJECTIVE B: FAMILY SUPPORT AND TREATMENT SERVICES

ACTIVITY/STRATEGIES	DUE DATE	DIVISION ASSIGNED	ADDITIONAL RESOURCES REQUIRED	OUTCOME ACCOMPLISHMENTS
CONVERT TO STATE FUNDED CONTRACTS THE FOLLOWING COMMUNITY CHILD PROTECTIVE SERVICES CURRENTLY SUPPORTED BY FEDERAL IV-B FUNDS INCLUDING:				
Child Protection Teams, Parent Aide Services, Parent Self Help Services, Clinical Consultation to Regional Offices and Reunification Services.	10/86	DCPS	SFY '87 option \$300,000 2nd yr. cost \$400,000	State funded contracts executed resulting in: clinical consultation available in all Regions; 117 additional cases reviewed by Child Protection Teams; 103 additional families served by Parent Aides; 9 additional Parents Anonymous chapters serving 224 additional families.
ALLOCATE INCREASED FUNDING FOR THE MAINTENANCE, ENHANCEMENT AND EXPANSION OF CHILD CARE SERVICES FOR HIGH RISK FAMILIES INCLUDING:				
Design, solicit, review and evaluate applications for new therapeutic child care services and begin funding.	10/86	DCPS DPCD	SFY '87 option \$175,000 2nd yr. cost \$233,000	Increased funds allocated and new programs funded resulting in projected 90 additional children served
Design, solicit, review and evaluate applications for new respite care programs in Regions I, II and IV and begin funding.	10/86	DCPS	SFY '87 option \$130,000 2nd yr. cost \$173,333	Increased funds allocated and new programs funded and operational resulting in projected 400 additional children receiving respite care services annually.
Recruit and hire Day Care Coordinator.	7/86	DCPS	SFY '87 option position	Position filled resulting in projected 15 training sessions for day care providers, 10 training sessions for DCYS staff 240 informational contacts with DCYS staff and public
Recruit and hire management positions to enhance Child Abuse Referral and Investigation section of the Case Management System.	7/86	DRE DDP DCPS	SFY '87 option See Objective V-C	Reports on incidence of abuse by non-primary caretakers generated.
<u>AFTERCARE/RE-ENTRY SERVICES</u>				
Develop long range plan to enhance aftercare/re-entry services with more specific work plan and timelines to be developed.	ongoing	Aftercare Task Force DRE/DPCD DCPS/DIF DFS Community Agency Representatives	To be determined Possible SFY '88 option	Plan in place to improve aftercare/Re-entry services

MASTER ROLLING PLAN 1986-1991
 GOAL II: A QUALITY SERVICE SYSTEM
 OBJECTIVE B: FAMILY SUPPORT AND TREATMENT SERVICES

(continued)

ACTIVITY/STRATEGIES	DUE DATE	DIVISION ASSIGNED	ADDITIONAL RESOURCES REQUIRED	OUTCOME ACCOMPLISHMENTS
Design, solicit, review and evaluate applications for new re-entry services and begin funding.	10/86	DPCD	SFY '87 option \$150,000 2nd year cost \$200,000	Programs funded resulting in 100 children and youth receiving specialized re-entry services.
RECRUIT AND HIRE THE FOLLOWING STATE-LEVEL POSITIONS IN THE DEPARTMENT:				
Two (2) follow-up specialists for the Wilderness School.	7/86	DPCD	SFY '87 option 2 positions	Positions filled resulting in follow up services for children in program.
One (1) Planner II	7/86	DPCD	SFY '87 option 1 position	Position filled resulting in 26 new programs being planned and developed.
DEVELOP RECOMMENDATIONS ON POSSIBLE LICENSING OR ACCREDITATION OF CHILD GUIDANCE CLINICS.	6/86	DPCD Clinic representatives.	To be determined. Legislative/regulatory change may also be needed.	Recommendations available.
DEVELOP PLAN FOR FAMILY SUPPORT SERVICE DEVELOPMENT FOR SFY '88 AND SFY '89.	6/86	DPCD DCPS	To be determined.	Plan available.

MASTER ROLLING PLAN 1986-1991

GOAL II: QUALITY SERVICE SYSTEM

OBJECTIVE C: COMPREHENSIVE EMERGENCY SERVICES SYSTEM

OBJECTIVE:

By July 1989, develop a Comprehensive Emergency Service System within each of the five DCYS regions.

BACKGROUND AND CURRENT LEVEL OF ATTAINMENT:

A Comprehensive Emergency Services System is regionally based and consists of both (a) community crisis services and (b) temporary shelter services. These services are available 24-hours a day, 7 days a week and are provided to children and youth in crisis who are experiencing family conflict or are exhibiting unacceptable behaviors. The clients may be community children or on the DCYS caseload having been referred because of child and/or family behaviors associated with mental illness, delinquency or child maltreatment. A Comprehensive Emergency Services System assists youth in developing a positive self-concept and responsible community behavior and helps reduce the need for out-of-home care. It also provides safe, temporary placements for youth awaiting placement in a more permanent setting. Although emergency service programs currently exist in each of the five DCYS regions, many programs do not have all the components necessary to form a comprehensive system. With limited funding available, existing programs have often had to choose between providing temporary shelter services for DCYS clients and providing 24-hour a day, 7 day-a-week outreach crisis services for the general community. As a result, this objective has been enlarged beyond the original Region V focus to stress the development of a comprehensive system for all five DCYS regions.

- Community Crisis Services - The community crisis services component of the Comprehensive Emergency Services System provides, within each region, immediate (within two hours) outreach and crisis intervention services available 24-hours a day, 7 days-a-week to children, youth and families who are experiencing difficulties that could lead to severe family dysfunction. Based on an initial assessment by an outreach crisis worker, service options should include: short-term crisis intervention and conflict resolution with child/youth remaining in his/her home; referral for long term services while the child/youth remains at home; and temporary placement in either a host home, subsidized foster home, or a facility shelter. Temporary placement resources are either operated directly by community crisis programs or purchased from other agencies close to the client's home. The clients involved are generally not on the DCYS caseload, but are referred to the Department if abuse or neglect is suspected.

While community crisis services currently operate in all five DCYS regions, only two regions (III and V) approach optimal service levels through which the full range of community crisis services is available to all children, youth and families in all towns in the region. (Region V developed such services in SFY '85 as a result of work outlined in II-C in the '85-90 MRP.)

A budget option has been submitted for SFY '87 to enhance and expand community crisis services to required levels in all five regions. Once in place, these enhanced and expanded services would be able to provide adequate services to the currently underserved population of runaway/incorrigible youth not on the DCYS caseload as well as families-with-service-needs (FWSN) cases.

MASTER ROLLING PLAN 1986-1991

GOAL II: QUALITY SERVICE SYSTEM

OBJECTIVE C: COMPREHENSIVE EMERGENCY SERVICES SYSTEM

(continued)

- Temporary Shelter Services - The temporary shelter services component of the Comprehensive Emergency Services System assists young people in improving their functioning so they may return home or to a placement which is most family-like and least restrictive. Temporary shelters often serve as an interim placement for diagnostic and assessment purposes. The services provided by temporary shelters include crisis intervention, temporary placement, counseling, education and recreation. Presently, temporary shelter services are operating in all regions and include seven facility-shelters and three non-facility shelter programs.

The current temporary shelter system includes 72 licensed shelter beds of which only 45 or 62% are available to DCYS youth. Based on data for DCYS referrals, this capacity is far from adequate. There is an immediate minimum need for the availability of at least 10 additional beds per day for DCYS clients. There is also a need to develop a better geographic distribution of available temporary shelter beds to minimize disruption by ensuring that placements are provided as close as possible to the child's or youth's home. The creation of additional temporary shelter beds, with an equitable geographic distribution, requires the availability of development funding to support the associated start-up costs before per diem reimbursement is available.

The current temporary shelter system is also seriously overtaxed by particularly problematic caseloads and inadequate staffing levels both in terms of numbers and level of support. The temporary shelters are especially vulnerable because of the current availability of only one staffperson on the third shift in co-ed facilities. One additional staff position is needed to resolve this problem. Also, one additional staff position for the large 15 bed facility will provide for more adequate supervision of residents.

It is also important to meet the educational needs and rights of children and youth in temporary placement. Such services are not currently available in all shelters and need to be developed.

Finally, a significant portion of the funding support provided for temporary shelter services consists of federal SSBG funds. Since these are mandated services, which are critical to the care and treatment of abused, neglected, emotionally disturbed and delinquent youth, they should not be subject to the annual variations and uncertainties associated with federal sources of funding.

When funded and operating at optimal levels, model regionally-based temporary shelter services will: provide adequate temporary placement capabilities to meet needs of DCYS clients; be geographically distributed on an equitable basis; have adequate staffing to meet difficult client needs; provide appropriate educational services; and be responsive to an increasing adolescent population which presents more complex service needs.

A budget expansion request for SFY '87 has been submitted to address the foregoing needs within temporary shelter services statewide.

MASTER ROLLING PLAN 1986-1991
GOAL II: QUALITY SERVICE SYSTEM
OBJECTIVE C: COMPREHENSIVE EMERGENCY SERVICES SYSTEM

(continued)

ACTIVITY/STRATEGIES	DUE DATE	DIVISION ASSIGNED	ADDITIONAL RESOURCES REQUIRED	OUTCOME ACCOMPLISHMENTS
Based on model design for Comprehensive Emergency Services System, finalize assessment of service needs within each region for:				
Community crisis services.	4/86	DPCD		Final assessment completed.
Temporary shelter services.	4/86	DCPS		Final assessment completed.
Identify and contract for a state-wide increase in crisis intervention services and placement capacity.	10/86	DPCD	SFY '87 option \$274,431 2nd year cost \$365,908	Increased crisis intervention services and placement capacity results in an average 25 additional children/youth per month receiving services.
Identify and contract for 10 more temporary shelter beds and begin development activities to generate additional beds.	10/86	DCPS	SFY '87 option see below for total	10 additional beds operational, additional development efforts initiated
Increase staffing within existing temporary shelter programs.	10/86	DCPS	SFY '87 option see below for total	8 additional shift positions and vacation/sick coverage established
Increase educational services within temporary shelter programs.	10/86	DCPS	SFY '87 option total for 3 items above is \$537,155 2nd yr. total cost is \$664,092	Required educational services available in all temporary shelter programs
Convert federal funding support for temporary shelter services to state supported funding.	6/86	DCPS	SFY '87 option \$628,155	State funds secured to support shelters currently funded by SSBG-8 shelters remain available for DCYS cases
Submit budget option for further expansion of temporary shelter beds.	7/87	DCPS		Budget option submitted

MASTER ROLLING PLAN 1986-1991
GOAL II: QUALITY SERVICE SYSTEM
OBJECTIVE D: IMPLEMENT GROUP HOME STUDY RECOMMENDATIONS

OBJECTIVE:

By July 1986, implement feasible non-fiscal recommendations of the Group Home Study and continue implementation of the fiscal recommendations.

BACKGROUND AND CURRENT LEVEL OF ATTAINMENT:

Group homes are facilities that protect children and youth by providing out-of-home placements and community-oriented care. Youngsters are referred to group homes by the Department, the courts, community agencies or through self-referrals. In addition to board and care, services provided or secured include counseling, education and recreation. Group homes are designed to create an environment which restores the youngsters' functioning so that they may return home or to a placement which is more permanent and family-like.

In the past several years, nearly half of the state's group homes for these youth have closed because of problems including budget deficits, director burnout, extensive repairs required to comply with fire/health codes, low occupancy and program problems. In 1978, there were thirty-three homes serving 340 youth. Since then, sixteen have closed leaving the current number at eighteen serving approximately 142 on an average monthly basis.

A comprehensive Group home Study was completed in May of 1984 which systematically assessed the short and long term needs of group homes in order to assure their survival and viability. A Group home Task Force made up of representatives from key DCYS Divisions was established in the Fall of 1984 to review the Group Home Study and make comments on the feasibility of implementing its recommendations. In the Spring of 1985, private provider representatives from CARF (Connecticut Association of Residential Facilities) were added to the Task Force. A final report from the Task Force entitled "Feasibility Considerations on Recommendations from the Group Home Study Report" was submitted to the Commissioner for his review in June, 1985. The DCYS Group Home Coordinator will work with CARF to develop detailed workplans and timelines for the implementation of the non-fiscal recommendations.

The primary fiscal recommendations from the Group Home Study have been addressed through a budget expansion request submitted for SFY '87. Additional funds have been requested to respond to the recommendations which called for the following changes:

- a) assuring a maximum one-two-one staff configuration in each group home including coverage for sick time and vacation,
- b) increasing the average yearly salary of child care workers from \$9,390 to \$11,088,
- c) funding to cover renovations, furnishing, vehicle purchase/leases not covered by bonding funds,
- d) provision of a full-time clinically trained social worker in each group home, and
- e) funding for all group homes at an 85% occupancy level.

As a result of these critical funding concerns, the focus of this objective has been expanded to include both fiscal and non-fiscal recommendations from the Group Home Study.

Failure to adequately fund Group Homes will jeopardize the security of the youth placed there, make it increasingly difficult to hire and maintain qualified staff, subject residents to inadequate facilities, furnishings and transportation, deny residents the qualified treatment personnel needed, and discourage residential facilities from operating group homes.

MASTER ROLLING PLAN 1986-1991

GOAL II: QUALITY SERVICE SYSTEM

OBJECTIVE D: IMPLEMENT GROUP HOME STUDY RECOMMENDATIONS

(continued)

ACTIVITY/STRATEGIES	DUE DATE	DIVISION ASSIGNED	ADDITIONAL RESOURCES REQUIRED	OUTCOME ACCOMPLISHMENTS
Develop detailed work plan and timelines for implementation of non-fiscal recommendation from the Group Home Study with Connecticut Association of Residential Facilities.	7/86	DCPS		Work plan and timelines completed.
Allocate funding to group homes to assure a maximum one-two-one staff configuration.	7/86	DCPS	SFY '87 option \$31,300	One-two-one staffing in all group homes 7 days per week
Allocate funding to increase average yearly salary of child care workers in group homes to \$11,088.	7/86	DCPS	SFY '87 option \$95,654	Funding distributed average salaries increased to \$11,088
Identify and finalize allocations to cover renovations, furnishing, vehicle purchase/leases not covered by bonding funds for group homes.	7/86	DCPS	SFY '87 option \$95,665	Needs identified and funds allocated
Allocate funding to assure provision of a full-time clinically trained social worker for each group home.	7/86	DCPS	SFY '87 option \$367,265	Clinically trained social workers will be available in 18 group homes.
Allocate monies to fund all group homes at an 85% occupancy level.	7/86	DCPS	SFY '87 option \$14,931	All group homes funded at 85% occupancy level

MASTER ROLLING PLAN 1986-1991
GOAL II: A QUALITY SERVICE SYSTEM
OBJECTIVE E: ENHANCING REGIONAL OFFICE SERVICES

OBJECTIVE:

Beginning July 1986, and through July 1988, enhance Regional Office operations by acquiring additional resources, developing new and/or revised clinical practice guidelines, increasing staff development, and improving linkages with pre-placement prevention, family support and placement services for children.

BACKGROUND AND CURRENT LEVEL OF ATTAINMENT:

The Division of Children and Protective Services operates out of the Central Office, twelve regional and subregional offices, and, with the Careline program, investigates, protects, and provides treatment services to children, youth and their families when child maltreatment is suspected or confirmed.

Increasing numbers of referrals, coupled with increased standards for quality in casework practice and the need to successfully interrelate with a complex array of services, have placed a considerable strain on current Regional Office resources. Additional staff and resources for program operations, enhancements to clinical practice and guidelines, increased staff development and improved linkages with other providers of children's services are needed.

Increased Staff and Resources at Regional Office

Over the past decade, a heightened public awareness of issues related to child abuse and neglect has contributed to a rapid increase in reports of suspected cases of child maltreatment. In Connecticut, reports have increased from approximately 600 in 1972, to 11,118 in SFY '85.

Between SFY '79 and SFY '85, there had been no increase in direct service staff at Regional Offices. Professional human service associations, such as the American Public Welfare Association, the Child Welfare League of America, the National Association of Social Workers and others, have recommended average caseloads ranging from approximately 25 to 35 cases per social worker. The Department's average caseload in SFY '85 was 40 cases per worker. A three-year approach, begun in SFY '86 with a request for additional social work positions each fiscal year, resulted in 43½ new positions being added and brought the average caseload down to 35 cases per worker for SFY '86. The plan is to continue to reduce the caseload and to reach 30 cases per worker in SFY '88 through additional requests for SFY '87 and SFY '88. The final 30 cases would include a mix of single intake cases and family treatment cases and actual caseloads would vary to account for territory and distances covered by workers.

Additional vehicles are also needed to provide workers with an increased capability to visit families as they investigate reports of suspected maltreatment and provide for ongoing family support and treatment. With the number of vehicles available in SFY '85, Regional Office staff were only able to spend approximately one and one half (1½) field days per week working directly with families. Fifty additional vehicles were requested and obtained for SFY '86 to permit workers 2½ field days per week.

For SFY '87, additional vehicles will be necessary as resources for the additional positions requested for SFY '87. As staff are added in subsequent fiscal years, additional vehicles will also be needed.

MASTER ROLLING PLAN 1986-1991
GOAL II: A QUALITY SERVICE SYSTEM
OBJECTIVE E: ENHANCING REGIONAL OFFICE SERVICES

Continued

Transfer of Careline Operations to State Funding

Careline is the Department operated, 24-hour, statewide toll-free hotline. Social workers are available through the hotline to receive verbal reports of child abuse and neglect and to respond immediately to emergency situations. The Careline also functions as a crisis resource for parents who are at risk of abusing their children. A mandated central registry is maintained which contains an index of confirmed cases of child abuse and neglect which is accessible to child care professionals.

Careline is currently supported by fixed federal funding. The salaries and operating costs of the Careline increase annually. For SFY '87 the agency will request that the cost of Careline operations be transferred to stable state general funds. Failure to do this jeopardizes the stable operation of a critical Departmental service.

Enhanced Clinical Guidelines and Practice

As the complexities of child welfare practice and the volume of research information have increased, applicable laws and regulations have changed and higher standards have been set. As an example, knowledge in permanency planning for children has advanced over the past decade, affecting national social service goals. Foster care, which was once viewed as a planning goal for many children, and where many children remained for numerous years, is now more generally viewed as an interim, short-term step, with return to a rehabilitated family now the goal. Federal legislation, rising out of the emphasis on permanency planning, requires that specific case work steps be taken and documented to ensure that "reasonable efforts" are made by states in case work rehabilitating families. As another example, increased professional awareness of the issue of sexual abuse has contributed to an increase in referrals to the Department of these relatively more complex case work situations. Excellence in case work practice has always been a goal. However, "excellence" is increasingly being defined, prescribed and its documentation mandated.

Regional Office Staff have participated over the past year in study committees to enhance clinical practice information, demonstrating their commitment to improved services. Areas studied included intake procedures, permanency planning, foster care, adoption, life skills training for adolescents, aftercare, sexual abuse and trauma, termination of parental rights, institutional placements and staff development issues. Regional staff both contribute to quality practice and develop expertise as a result of such study groups. Yet, less than 20% of the current social work staff have received formal advanced clinical training. In order to fully meet the Department's statutory mandate, it is essential that we have necessary, updated, clinical practice guidelines and well trained staff to provide appropriate clinical assessments on child abuse and neglect cases. During 1985, both medical and clinical consultants were made available to each Regional Office to meet an increased need for specialized consultations in complex case situations. Over SFY '86, the Division of Children and Protective Services will develop, revise and/or enhance clinical practice guidelines for staff through a process which will draw upon information gained as a result of regular administrative reviews of all Protective Service cases. Training will be developed for all levels of staff. Opportunities for clinical internships which were increased for SFY '86 will be further increased in SFY '87.

Enhanced Linkages With Other Agencies and Providers of Childrens Services

In order to meet the varied needs of clients, Regional Offices depend on a successful partnership with a wide variety of child-serving agencies both in local communities and statewide. These services include; preplacement prevention (see objective II-A), support services (see objective II-B), foster and adoptive families (see objective III-B), group homes (see objective II-D), and institutional services.

Over SFY '85, the Division staff have met with associations of providers and participated in committees working to develop enhanced services for children. One example of these efforts is the Practice Research Project focusing on Community Child Protection Programs and their impact in assisting the Department in preventing and treating child maltreatment. The research project has involved analysis of data collection systems for accuracy in recording outcomes of community child protection programs. Further work will proceed over SFY '86 and SFY '87 on developing mechanisms to clarify and reformulate program goals, expectations and outcomes and using a data base to identify and implement appropriate program changes.

Another example is the joint effort of Regional Offices with assistance from DCYS Central Office staff, Regional Advisory Council Committees and Regional Networker Planners to develop enhanced linkages with community services. Highlights of these efforts include:

- . Region I - Enhanced Foster Family recruitment with involvement of Foster Care Committees and community groups including marketing assistance from the Richardson Vicks Company. A specialized Foster Care project also improved linkages with Youth Service Bureaus, Shelters, and other providers.
- . Region II - Improved service coordination between DCYS funded service providers resulted from the Integration Project. Increased awareness of permanency issues for children and enhanced coordination of services resulted from the Reunification and Permanency Project.
- . Region III - Increased coordination of services for the older adolescent resulted from the Older Adolescent Task Force. Availability of crises services and day care services were discussed in multi-service provider forums.
- . Region IV - Foster Care issues were discussed in a multi-service provider forum. Increased services for adolescents in transition to independent living resulted from Project Joy.
- . Region V - A model community crisis services/shelter program was developed with linkages to community services.
- . All Regions - Opportunities for youth employment were increased in a coordinated effort with the State Department of Education project "Jobs for Connecticut Youths."

MASTER ROLLING PLAN 1986-1991

Continued

GOAL II: A QUALITY SERVICE SYSTEM

OBJECTIVE E: ENHANCING REGIONAL OFFICE SERVICES

A third example of the Department's work with agencies serving children is the Unaccompanied Minors Program, supported by federal funds, which during SFY '85 provided support services to 30 Southeast Asian children and youth through a contract with Lutheran Child and Family Services. There are plans to expand these services in SFY '86.

The Division of Children and Protective Services and Regional Offices will be working with the assistance of a variety of groups over the next years to further strengthen coordination of services between DCYS and other agencies and individuals serving children and youth.

MASTER ROLLING PLAN 1986-1991
GOAL II: A QUALITY SERVICE SYSTEM
OBJECTIVE E: ENHANCING REGIONAL OFFICE SERVICES

(continued)

ACTIVITY/STRATEGIES	DUE DATE	DIVISION ASSIGNED	ADDITIONAL RESOURCES REQUIRED	OUTCOME ACCOMPLISHMENTS
MAINTAIN EXISTING SERVICES/IDENTIFY SERVICES TO BE DEVELOPED OR STRENGTHENED				
Follow up on additional staff and resources requested for SFY '87: Staff: 25 social workers, 5 social work supervisors, 5 psychiatric social workers, 6 clinical internship positions, 8 clerical positions. Other Resources: 15 vehicles, transfer of Careline to State Funds.	ongoing	DCPS	SFY '87 option \$1,110,663 includes 49 positions for R.O. 15 vehicles for R.O. \$425,848 for Care line transfer 2nd year cost positions only \$1,077,063	Staff and resources obtained resulting in reduced worker client ratio 1:33 for SFY '87 and stable funding for Careline operations
Recruit staff obtained through SFY '87 option (pending option approval).	7/86			Recruitment underway and staff hired
Conduct an assessment of critical resources needed for SFY '88 in the Regions to ensure that children and families are receiving appropriate services and use to develop proposals for needed programs.	6/86	DCPS DPCD C.O. & R.O. Staff		Needs assessment completed and related proposals developed in at least two regions.
Prepare Division budget request for SFY '88 based on needs assessment to secure necessary additional staff and resources to support staff.	7/86	DCPS C.O. & R.O. Staff Reg. Dir.	To be determined by needs assessment	Budget request prepared.
Implement needs assessment process statewide.	6/88	DCPS C.O. & R.O. Staff DPCD	To be determined	Assessments completed and related proposals developed.
Participate in inter-divisional committees that develop request for proposals for new community services and review applications submitted.	ongoing	DCPS DPCD C.O. & R.O. Staff		New proposals funded
DEVELOP, REVISE AND/OR ENHANCE CLINICAL PRACTICE AND GUIDELINES TO ACHIEVE THE HIGHEST QUALITY AND CONSISTENCY OF SERVICES				
Continue to conduct Administrative Reviews of all Protective Services cases to determine appropriateness of services and to identify policy and procedural issues.	1/86 ongoing	DCPS		Service, policy and procedural issues determined through a review of cases.

MASTER ROLLING PLAN 1986-1991
GOAL II: A QUALITY SERVICE SYSTEM
OBJECTIVE E: ENHANCING REGIONAL OFFICE SERVICES

(continued)

ACTIVITY/STRATEGIES	DUE DATE	DIVISION ASSIGNED	ADDITIONAL RESOURCES REQUIRED	OUTCOME ACCOMPLISHMENTS
Coordinate Practice Research Project with community child protection programs.	1/86 ongoing	DCPS		Research project results used to enhance practice.
In each of DCYS regions, continue staff efforts to enhance the service system through regional study of practice issues in both program development and support committees: Child Abuse Awareness in Schools Reunification Project Foster Care Adoption Issues Life Skills After Care Study Procedures Staff Development.	1/86	DCPS DPCD Reg. Adv. Councils C.O. & R. O. Staff		Regional Office staff participate in studies to determine issues and enhance practice.
Continue to revise policy and practice guidelines for Division of Children and Protective Services.	1/86 ongoing	DCPS	SFY '87 option contracts for attorney and Social Worker	Updated policy, revised policy and guidelines for clinical practice.
Provide for continued medical and clinical consultation services at each DCYS Regional and Sub-regional office.	1/86 ongoing	DCPS Reg. Dir. Chief Psych.	SFY '87 option see II-B	Medical & clinical consultation available.
Through medical consultants, provide information and training for Regional Office Staff on the Baby Doe Amendments.	1/86 ongoing	Dpty. Comm. Prog.Svcs. DCPS Reg. Directors Chief Psych.		Staff receive updated information on Baby Doe Amendments
Strengthen staff training including training for Social Work Supervisors and Divisional Managers. (includes participation on Steering Committee with Staff Development).	1/86 ongoing	DCPS C.O. & R.O. Staff Representatives DPA		Additional training developed for Supervisors and Managers. Appropriate staff development programs planned.
Participate in training of newly recruited Regional Office staff secured through SFY '86 and subsequent year's budget options.	1/86 ongoing	DCPS Reg. Dir. DPA		New staff receive training and development.
Continue to provide for additional advanced clinical internship opportunity through SFY '86 and '87 budget options (included in staff increase requests).	1/86 ongoing	DCPS	6 positions included in SFY '87 option noted previously	6 additional internships in SFY '87

MASTER ROLLING PLAN 1986-1991
 GOAL II: A QUALITY SERVICE SYSTEM
 OBJECTIVE E: ENHANCING REGIONAL OFFICE SERVICES

(continued)

ACTIVITY/STRATEGIES	DUE DATE	DIVISION ASSIGNED	ADDITIONAL RESOURCES REQUIRED	OUTCOME ACCOMPLISHMENTS
DEVELOP ENHANCED SERVICE LINKAGES TO ASSURE THAT CHILDREN WHO ARE SERVED BY OTHER AGENCIES AND INDIVIDUALS RECEIVE APPROPRIATE SERVICES				
Arrange for regular meetings and review of work plans of Community Child Protection program providers.	1/86 ongoing	DCPS Staff		Strengthened improved linkages and clarity on programmatic roles
Enhance linkages with Foster and Adoptive families, Group Homes, Shelters, Child Caring Institutions, Child Placing Agencies, Child Guidance Clinics and Youth Service Bureaus.	1/86 ongoing	DCPS DPCD DL DIF		Improved program linkages. Increased services to children on Regional Office caseloads.
Produce, publish and circulate educational/informational manuals, booklets; including "Connecticut's Children".	1/86 ongoing	DCPS		Increased information and public education

MASTER ROLLING PLAN 1986-1991
TRANSITION NOTE

MASTER ROLLING PLAN 1985-1990
GOAL II: QUALITY SERVICE SYSTEM
OBJECTIVE F: INCREASED STAFFING FOR RESIDENTIAL TREATMENT

OBJECTIVE:

By July 1985, continue to maintain the quality operation and standards of Department operated residential treatment facilities through increased staffing.

CLOSURE STATEMENT:

This objective, which dealt with increasing staff at Department operated residential treatment facilities, will be retired as steps have been taken to increase staff where critical, and the other staffing needs will be dealt with as a routine administrative function.

PROGRESS UPDATE:

The Department submitted a request for SFY '86 for increased staffing at residential treatment facilities. One teaching position at RiverView Hospital was included in the Governor's recommended budget. In the meantime, due to critical staff needs necessary to maintain standards and quality operation of residential facilities, additional positions were sought. An internal request was submitted for a part time financial clerk at Housatonic Adolescent Hospital. Through conversion of hourly positions, full time equivalent positions were established at High Meadows. Through reallocation of overtime expenditures, temporary positions for a Quality of Work Life Project were established at the Henry D. Altobello Children and Youth Center. Finally, necessary staff expansions (fire and safety) have been requested through the SFY '87 budget.

MASTER ROLLING PLAN 1986-1991
GOAL II: QUALITY SERVICE SYSTEM
OBJECTIVE G: UNIFIED SCHOOL DISTRICT ENHANCEMENT

OBJECTIVE:

By 1987, refine all educational services provided to children and youth enrolled in Unified School District II from the process of enrollment through discharge.

BACKGROUND AND CURRENT LEVEL OF ATTAINMENT:

The function of the Unified School District is to provide a continuum of comprehensive educational services to children and youth residing in or receiving day treatment at institutions and facilities operated by the Department. Services are also provided to those children and youth residing in private residential facilities for whom no other Local Education Agency can be identified as having educational jurisdiction.

Two years ago, the following systems and services were articulated; during SFY '85, they were refined to reflect:

Coordination with residential cost-accounting in the identification of financial liability:

- . A system to determine financial liability in relation to residential cost accounting was fully implemented through the modification of the Planning and Placement Team process. A process to transmit these data to billing authority was also fully implemented.

Systemic efficiency in maintaining full compliance with all federal and state educational mandates:

- . A compliance monitoring schedule, to ensure that all mandates are met, was fully developed and implemented.

Expansion and refinement of the Life Roles Curriculum to meet the specialized needs of each school population:

- . Life Roles Curriculum Committee was decentralized and refinement has been delegated to individual school committees. Each school is currently in the process of developing its own philosophy and goals reflective of that particular school.

Continued development of the Learning Center in each school so as to reflect appropriate resources for specialized populations:

- . Learning Center guidelines have been implemented that reflect the establishment of learning center activity stations that use multi-media approaches to individual learning needs.
- . A draft of an interagency agreement with the State Department of Education, which contains strategies to formally recognize student completion of secondary school requirements when students reside in private residential facilities, was submitted in March 1985 to State Department of Education for analysis.

- . Funds for the purchase of thirty (30) additional micro-computer units and appropriate software for Learning Centers were not included in the SFY '86 expansion budget. Funds are not being requested in SFY '87.
- . Plans for the next two years include: implementation of a computerized network for special education and data management; design of a comprehensive staff development plan; improved vocational education services; improved management of operational activities and a more uniform understanding and implementation of school district policy.

MASTER ROLLING PLAN 1986-1991
 GOAL II: QUALITY SERVICE SYSTEM
 OBJECTIVE G: UNIFIED SCHOOL DISTRICT ENHANCEMENT

(continued)

ACTIVITY/STRATEGIES	DUE DATE	DIVISION ASSIGNED	ADDITIONAL RESOURCES REQUIRED	OUTCOME ACCOMPLISHMENTS
Improve vocational education services in each district school through an assessment of current status and preparation of a plan.	9/87	USD II	SFY '87 option Vocational Coordinator Position	Plan on vocational education services completed resulting in: utilization of new resources; increased staff development; and increased student assessment.
Improve management of operational activities in each school district.	9/87	USD II		Personnel (administrative, teaching, clerical) resources are used flexibly and efficiently; program stability is promoted, with streamlined maintenance of functional tasks ensuring accurate, timely and succinct implementation; improved record-keeping and conformity to state and federal regulations.
Improve a uniform understanding and implementation of school district policy.	9/87	USD II		Promotion of program stability with clear delineation of functional tasks and procedures for such tasks, and conformity to state and federal mandates ensured
Implement a computerized network for special education and data management services throughout the school district to include: - Completion of Project activities - Refinement of said Project - Implementation of Data Management System.	9/87	USD II		Totally computerized Individualized Educational Profile Package incorporating Learning Style Criteria Reference Testing, and individual student profile information. An operational Data Management System. Report of goal status to be prepared and disseminated to Principals.
Design a comprehensive staff development plan in accordance with State Department of Education guidelines.	9/87	USD II DPA		Completed plan ready for implementation in the USD II for school year 86-87 to include: Philosophy, 5 year projected plan, yearly goals/objectives and anticipated outcomes. Report of goal status and final document to be prepared and disseminated to Principals.

MASTER ROLLING PLAN 1986-1991
GOAL II: A QUALITY SERVICE SYSTEM
OBJECTIVE H: SERVICES FOR OLDER ADOLESCENTS

OBJECTIVE:

By July 1987, increase the numbers of older adolescents able to successfully remain at home, or in a more community-based setting, by developing and funding a model program with a full continuum of closely linked, client-centered, intensive community-based services including provision for specialized residential services for seriously acting out youth.

BACKGROUND AND CURRENT LEVEL OF ATTAINMENT:

Additional resources were not available during SFY '86 to implement a proposed community-based program of services for adolescents. However, a new client-centered continuum of services concept, which focuses on case management, has been developed and a budget request has been submitted for a proposed SFY '87 demonstration project.

A limited number of older adolescents repeatedly display behaviors described as impulse-ridden, often dangerous to self or to others and very difficult to modify. As such, these youths tend to circulate in and out of a variety of services and placements, straining and consuming significant amounts of agency resources. They generally require more intensive supervision than is available in current community-based settings. Presently, services specialized and appropriate to the needs of these youths are not available.

Previous service designs, which relied heavily on networking by service providers have not adequately addressed responsibility for case management, nor have they emphasized the need for a client focus. There is a need for closely linked services and full commitment to a client throughout a period of care regardless of behavioral or situational circumstances or varied service needs.

The Department currently is studying several categories of services for seriously acting out youth. An interdivisional Department committee will be developing a model for a full continuum of client-centered coordinated services for these youth. The continuum will include the complete range of required services including: counseling; crisis intervention; skill building in areas of educational, vocational and life skills; residential treatment services using community based specialized foster and group homes; day treatment services; and aftercare. A specialized residential component at the Housatonic Adolescent Hospital will also be considered as part of the service model. It is anticipated that once the model for services is fully developed that a request for proposals will be issued, which will offer the opportunity to the private sector to develop the continuum of services as described above. Projects selected will receive technical assistance and will be closely monitored by the Department.

Progress on this objective through SFY '88 will be directly dependent upon the receipt of sufficient state and federal funds to support the implementation of a model demonstration project utilizing a client-centered case management concept.

MASTER ROLLING PLAN 1986-1991
GOAL II: A QUALITY SERVICE SYSTEM
OBJECTIVE H: SERVICES FOR OLDER ADOLESCENTS

(continued)

ACTIVITY/STRATEGIES	DUE DATE	DIVISION ASSIGNED	ADDITIONAL RESOURCES REQUIRED	OUTCOME ACCOMPLISHMENTS
Departmental Committee continues to meet and develops a model for coordinated/linked continuum of services for seriously acting out youths.	5/86	Adolescent Services Committee DPCD/DCPS DIF/USD II Chief Psych.		Model for continuum of services developed
Program Model is submitted to Program Directors Committee and Program and Policy Committee for review and approval.	5/86	Adolescent Services Committee		Program model is reviewed and approved
Follow up on SFY '87 budget option for demonstration.	6/86	DPCD		Funds obtained for SFY '87 demonstration project
Develop and submit budget option for SFY '88 necessary for Department to continue program.	6/86	Adolescent Services Committee		Budget option developed and submitted
Follow up on SFY '88 option.	6/87	DPCD		Funds obtained for SFY '88 project continuation
Pending approval of funds, develop and issue request for Proposals for: SFY '87 demonstration project and SFY '88 continuation projects.	7/86 7/87	DPCD C.O. & R.O. Staff	SFY '87 option Planning Analyst II Position	Guidelines written and request for proposals developed and issued for SFY '87 and SFY '88
Select agencies and implement services for SFY '87 demonstration and continue services SFY '88.	10/86 10/87	DPCD/Other Key Dept. Staff Selection Committee	SFY '87 option 2nd year cost \$250,000 Also Federal QJDP funds on matching basis	Agencies notified. Services implemented resulting in projected 10 youth receiving skill building services annually.
Technical assistance is provided to agencies.	10/86 ongoing	DPCD Chief Psych.		Program effectiveness enhanced
Monitor programs.	10/87	DRE		Programs will continue or alternatives selected

MASTER ROLLING PLAN 1986-1991
TRANSITION NOTE ON PREVIOUS YEAR'S PLAN

MASTER ROLLING PLAN 1985-1990
GOAL III: PERMANENCY
OBJECTIVE A: CHILD WELFARE REQUIREMENTS OF P.L. 96-272

OBJECTIVE:

Document reasonable efforts in preplacement prevention and reunification services.

CLOSURE STATEMENT:

This objective, which deals with requirements resulting from P.L. 96-272 relating to the need to document reasonable casework efforts in preplacement prevention and reunification services, has been achieved and will be retired from the plan.

FINAL PROGRESS NOTE:

The Department developed a new Order-Of-Commitment form in cooperation with the Administrative Offices of the Judicial Department. The form will be a record of a Judge's certification as to reasonable efforts, on the part of casework staff, in working to prevent placements of children and to reunify children with families. Ongoing good casework practice, reflecting these reasonable efforts, will also be detailed in treatment plans. Administrative reviews of case plans are now a routine function of the Department.

MASTER ROLLING PLAN 1986-1991

GOAL III: PERMANENCY

OBJECTIVE B: COMPREHENSIVE APPROACH TO ADOPTION AND FOSTER CARE

OBJECTIVE:

By July 1987, implement approaches to recruit, license and maintain sufficient numbers and appropriate types of foster and adoptive homes with emphasis on meeting varied/individualized needs of children requiring such care including, by July 1986, assessing and implementing improved approaches to placement practice and supports to foster and adoptive parents.

BACKGROUND AND CURRENT LEVEL OF ATTAINMENT:

Brief Overview of Foster and Adoptive Families Role in Permanency Planning

Foster and adoptive families play a basic part in assisting the Department to meet children's needs for stability and permanency. DCYS licensed foster families provide interim care, and meet the child's developmental needs including nutritional, physical, medical, psychological, educational, religious and recreational. They also work with Department social workers and other treatment services to assist children in often difficult transitions. Adoptive families provide a permanent home for children unable to be reunited with natural families.

On an average daily basis during 1985, approximately one third or 1,893 children in DCYS out-of-home placements were in foster homes and approximately 996 foster families were available for placements of children representing slight decreases since 1984. Also, a total of 165 children were placed in adoption during 1985, representing a thirteen percent increase over the previous year.

Over the past several years, however, a pattern had developed where a steady withdrawal of licensed families from the system (approximate net loss of 220 foster homes between December 1981 and May 1985) was seriously contravening the Department's need for foster families. Additionally, licensed families' interest in particular types of children were not compatible with the special needs children more frequently available for foster placement and adoption. Approximately two thirds of children who are placed out-of-home are in categories (ethnic and racial minorities, older children, and those with disabilities) which make placement more difficult, in part due to the system's current shortage of appropriate homes. To improve and maintain the availability of families interested in caring for the special-needs child, the Department in 1985 reviewed its practice with foster and adoptive families. The progress and success of this focused effort are detailed under headings in the next section after being briefly outlined below.

Recommended approaches to be taken by the Department to obtain and maintain needed types of homes and to support both foster and adoptive parents once placement has occurred include:

- . Continued practice improvements in recruiting and licensing homes and matching of children with families with an emphasis on recruitment of homes which will meet individualized needs of children. This includes a new Special Needs Unit with a specialized Black Adoptions component, and proposed increase in Hispanic recruitment capacity.
- . A continued effort to increase foster family care rates to bring them closer to U.S.D.A. estimated moderate costs of raising a child .

GOAL III: PERMANENCY

OBJECTIVE B: COMPREHENSIVE APPROACH TO ADOPTION AND FOSTER CARE

- . Proposed legislation and regulations to (a) increase adoption subsidy from current 75%, to 100% of the foster care rate and, (b) permit transfer of custody/guardianship rights to certain permanent foster parents as part of a "permanent parenting program".
- . A proposal to establish 50 specialized foster family beds for children with specialized needs for care.
- . Increased training opportunities for foster parents including development of a specialized foster parent curriculum and updated "Handbook For Foster Parents".
- . Continued and increased development of supportive measures for foster and adoptive parents including those to be developed through an Adoption Training Project on special needs issues and Regional Foster Care Committees.

Practice Improvements in Recruitment, Licensing and Matching

As a result of study over 1984 and 1985, practice improvements in recruitment, licensing of foster and adoptive homes and matching of children with families have been initiated and monitored and new approaches are planned. These include:

- . A reformulated recruitment team approach.
- . Increased use of the media in recruitment.
- . Revision and continued evaluation of the group study process including a reduced time period and focus on typical issues which are presented by children in difficult transitions.
- . A follow-up with families who did not complete the study process which has revealed that personal reasons, rather than problems with the home study process, are primary causes for applicant withdrawals.
- . Continued work on special needs adoption recruitment including:
 - (a) formation of a Special Needs Adoption Unit designed to develop permanent homes for "special needs" and "hard to place" children waiting on the Adoption Resource Exchange. Within this unit is a specialized Black Adoption Unit which organized, in April of 1985, a Conference on Black Adoption and is currently coordinating collaborative adoption recruitment efforts in Regions I and II. This has resulted in two groups of Black prospective adoptive families being studied with plans to target each region of the state, (b) plans to increase, through a SFY '87 budget request, the availability of Hispanic foster and adoptive homes by adding bi-lingual/bi-cultural staff, (c) plans to develop increased individualized recruitment for specific children and, (d) staff development on team building, recruitment and retention of Black and Hispanic foster and adoptive families completed at St. Joseph's College.

With this focus and effort, there has been a substantial increase in the number of homes over SFY '85 with 242 newly licensed foster homes and 151 newly licensed adoptive homes.

GOAL III: PERMANENCY

OBJECTIVE B: COMPREHENSIVE APPROACH TO ADOPTION AND FOSTER CARE

However, because of the number of families who withdrew from the system over the previous years, it continues to be critical that concerted Department efforts are maintained to attract new families and stem further withdrawals. The rate and subsidy increases and additional supportive measures discussed in the next sections are crucial to maintain families.

Increased Foster Care Rates

Compared with the estimated moderate monthly cost of \$435 to raise a six through eleven year old child, (as estimated by the U.S. Department of Agriculture projected through June 1986 - with medical care deleted), Connecticut foster parents receive approximately half that amount, with a current average foster care rate of \$274 paid per child. The Department's highest monthly rate of \$388 is paid on behalf of a child who has a combination of conditions which require extraordinary care, attention and skill and require almost complete involvement of foster parents. For example, these children may be emotionally disturbed and/or mentally retarded and/or physically handicapped. State agencies such as the Department of Mental Retardation and non-profit agencies are paying higher rates for similar types of children.

Though the Department of Children and Youth Services was successful in raising rates with a SFY '86 budget option, the full rate increase requested was not obtained and therefore an additional rate increase will be requested for SFY '87. The rate increases proposed for SFY '87 range from \$26 to \$120 per month depending on age and complexity of a child's needs.

In conjunction with the Foster Parent Training Project Steering Committee, fiscal rates will be further reviewed to develop additional incentives for families to enter into foster parenting.

Legislative and Regulatory Proposals

Increased foster care rates will automatically increase the cost of the Department's subsidized adoption program which pays up to 75% of the applicable foster care rate to families who need assistance in adopting "hard-to-place" children (children who often have multiple disabilities).

If Connecticut is to be able to continue to attract prospective families for such "hard-to-place" children, our adoption subsidy rate, which is tied to our foster care rate, must be increased. Currently, though Connecticut has the highest per capita income among the Northeastern States, we are second lowest in payments. The Department is considering legislation, to take effect SFY '88, to raise the adoption subsidy to 100%. If the increased adoption subsidy is granted, then rates would increase by between \$19.50 to \$90.00 per month per child depending on the severity or complexity of the child's disabilities.

Also, a change in State regulations has been proposed which would permit foster parents who have cared for children over a long period of time and have a demonstrated commitment to the child, and yet are unable to adopt, to be permitted the option of becoming a child's legal guardian.

GOAL III: PERMANENCY

OBJECTIVE B: COMPREHENSIVE APPROACH TO ADOPTION AND FOSTER CARE

Specialized Foster Care

The Department has proposed as a budget option for SFY '87 the establishment of 50 specialized foster family care beds (10 per Region). Specialized foster families will provide for care and supervision of children and youth whose needs and problems require a great investment of time and effort. Such families will be required to receive training and work more closely with the Department and other agencies as they provide intensive care to children. They will be caring for children who would otherwise be institutionalized or remain longer than necessary in institutional settings at a greater than necessary cost to the State. The proposed specialized foster care beds will average \$500 per month as compared to an average monthly cost of \$1,222 for a child in an institutional setting.

Increased Training Opportunity For Foster and Adoptive Parents

Children who are in stress due to experiencing maltreatment and being in transitional status require special parenting skills on the part of foster parents. Five Regional Foster Care Committees will be working with a Departmental Steering Committee on a foster parent training initiative. (A related support program component will be discussed in the next section.) Over 1985, Foster Care Committees based in the Regions made recommendations to the Department with regard to training and resources for foster parents. The Region II Foster Care Committee developed a specific training proposal.

Federal Title IV-B funds have been awarded to the University of Connecticut School of Social Work to be used through 1986 to support the development of a statewide training program for foster parents. The desired outcomes of this training project are:

- . To implement a training program for Foster Parents and develop the curriculum for that training. Training topics would include understanding child development and special needs of foster children, implications of physical and sexual abuse, constructive discipline, and consultation on the roles and responsibilities of DCYS.
- . To review and develop policy for (a) fiscal support for foster parents and, b) foster parent participation in specialized training.
- . To bring about a full partnership of Foster Parents in Treatment Services and Planning.
- . To achieve the coordination of all the essential components (i.e.; Division of Children & Protective Services, Division of Licensing, Regional Advisory Committees, Networkers/Planners, and Foster Parents) in the planning and implementation of this project, both Regionally and Statewide.

In the area of adoption support measures, a recently funded project was developed to train professionals and targeted adoptive parents on the techniques for supporting families who adopt special needs and developmentally disabled children. This project will also develop a resource booklet and other educational materials for professionals and adoptive families.

Supportive Measures For Foster And Adoptive Parents

With an increased focus on maintaining foster and adoptive families, additional means of supporting these families have been recommended by the Regional Foster Care Committees. Regionally specific proposals will be funded over SFY '86 with federal IV-B dollars. Preliminary recommendations include Foster Parent recognition events, a centralized lending library, a foster parent newsletter, clinical consultation to foster parents, emergency foster homes and increased resources for training. These recommendations will be reviewed as part of an overall project to be guided by the project Steering Committee as discussed under training in the previous item. As an additional supportive measure, a "Handbook of Foster Care" has been printed with translation to a Spanish edition planned. Placement packets have also been prepared and are now in use by Regional workers. Finally, adoption support groups are being established in Norwalk and Waterbury.

MASTER ROLLING PLAN 1986-1991

(continued)

GOAL III: PERMANENCY

OBJECTIVE B: COMPREHENSIVE APPROACH TO ADOPTION AND FOSTER CARE

ACTIVITY/STRATEGIES	DUE DATE	DIVISION ASSIGNED	ADDITIONAL RESOURCES REQUIRED	OUTCOME ACCOMPLISHMENTS
<u>Practice Improvements in Recruitment Licensing and Matching:</u>	7/87	DL		SFY '87 178 additional foster homes licensed. Average number of foster homes -- 1,174
. Continue to evaluate and standardize statewide recruitment strategies to provide more uniform practices statewide.	3/86	DL		Report with recommendations and practices more uniform statewide.
. Conduct needs assessment to determine specific types of foster and adoptive parent resources needed to meet needs of clients on Regional Office caseload including a review of case management system and vendor payment system for accuracy in documenting such needs.	4/86	DL/DCPS		Improved awareness of specific types of needed foster and adoptive homes
. Review role and function of matcher positions.	4/86	DL		Recommendations on improved role and functions
. Maintain activities begun through Black Adoption Unit Grant, including recruitment activity in Bridgeport, New Haven, Hartford, Waterbury.	5/86	DL		Increased numbers of Black Adoptive homes licensed, and an increased percentage of Black children who are legally free for adoption will be adopted.
. Follow up on SFY '87 budget option to increase recruitment of Hispanic families.	1/86 ongoing	DL	SFY '87 option 3 bi-lingual/ bi-cultural staff 2 Social workers 1 typist	Increased Hispanic Foster and Adoptive families - 90 additional families recruited.
. Hire consultants to evaluate quality of group study process and group leadership skills.	6/86	DL Staff Consultant Social Workers	Contract with consultant	Consultant report on group study process recommendations
. Increase individualized recruitment capability for specific children.	6/86	DL		Homes available for specific targeted children
. Identify necessary revisions to current manually operated Divisional management reporting system and computerization of data relating to licensing operations.	6/86	DL Social Work Supv. Social Workers		Revised, more accurate format
. Develop increased public and private sector adherence to uniform licensing regulations and procedures governing approval of foster and adoptive homes.	1/87	DL		More uniform licensing practices in public and private sector.

GOAL III: PERMANENCY

OBJECTIVE B: COMPREHENSIVE APPROACH TO ADOPTION AND FOSTER CARE

ACTIVITY/STRATEGIES	DUE DATE	DIVISION ASSIGNED	ADDITIONAL RESOURCES REQUIRED	OUTCOME ACCOMPLISHMENTS
<u>Increase Foster Care Rates</u>				
Follow up on SFY '87 and SFY '88 options to increase foster care rates.	6/86 6/87	Dpty Comm. Admin. Svcs.	SFY '87 option Increase in Board and Care Account \$2,138,688	Rates will be brought closer to USDA moderate costs for raising a child.
<u>With Steering Committee:</u>				
Study and develop fiscal policy proposals which will serve as additional incentives to foster parents.	12/86	Steering Committee		Recommendation on fiscal policies with foster parents.
Based on Steering Committee recommendations, develop necessary budget options for SFY '88 including those related to fiscal policy.	6/86	Steering Committee		Budget option developed if feasible.
<u>Develop and Follow up on Legislative and Regulatory Proposals</u>				
Develop legislation to increase adoption subsidy to 100%.	6/86	Dpty.Comm. Prog.Svcs. DCPS	Potential SFY '88 option for increased adoption subsidy	Increased support to adoptive families 100% adoption subsidy for special needs children
Submit budget option for SFY '88 necessary to support 100% adoption subsidy.	6/86	Dpty.Comm. Prog.Svcs.		
Submit proposed legislation.	8/86			
Follow up on budget and legislative proposals	6/87 6/87			
Develop regulations to permit long term "permanent" foster parents to become legal guardians of their foster children.	1/86 ongoing	DCPS		Legal guardianship for foster parents feasible for long term situations
<u>Specialized Foster Homes</u>				
Follow-up on SFY '87 budget option to obtain 50 specialized foster home beds.	6/86	Dpty. Comm. Admin. Svcs.	SFY '87 option \$300,000	50 specialized foster family beds established
<u>Foster Parent Training</u>				
Participate with Steering Committee to develop and implement curriculum to train foster parents:	1/86 ongoing	Steering Committee Regional Representatives	additional resource needs to be determined by Steering Committee	Specialized curriculum for foster parent training developed with Regional input and training implemented
- develop curriculum	6/86	DCPS		
- implement trainer of trainers model	7/86	DPCD		
- pilot training for foster parents	7/86	DPA Specialized Foster Care Committee		

MASTER ROLLING PLAN 1986-1991

(continued)

GOAL III: PERMANENCY

OBJECTIVE B: COMPREHENSIVE APPROACH TO ADOPTION AND FOSTER CARE

ACTIVITY/STRATEGIES	DUE DATE	DIVISION ASSIGNED	ADDITIONAL RESOURCES REQUIRED	OUTCOME ACCOMPLISHMENTS
<u>Increased Supportive Measures for Foster and Adoptive Parents:</u>				
• Support establishment and provide ongoing technical assistance to Foster Care Committees in each of the five regions.	3/86 ongoing	DL DCPS DPCD Regional Staff		Foster Care Committee established and supported in each of the five Regions
• Foster Care Committees, in cooperation with Foster Parent Training Project Steering Committee, develop regionally specific measures to support foster parents.	1/86	Steering Committee DCPS DPCD Regional Staff		Regionally specific supportive measures developed and implemented within current limits of IV-B funding.
• Provide technical assistance to adoption support groups.	1/86 ongoing	DL		Adoption Support Groups receive technical assistance as appropriate.
• Implement training of approximately 300 child care professionals and targeted adoptive parents in techniques for supporting families who adopt special needs and developmentally disabled children.	1/86	DCPS		Approximately 300 child care professionals and targeted adoptive parents trained on special needs issues.
• Develop resource booklet and other educational materials for professionals and adoptive families.	1/86	DCPS		Educational resources developed for professional and adoptive families.

MASTER ROLLING PLAN 1986-1991
TRANSITION NOTE

MASTER ROLLING PLAN 1985-1990
GOAL III: PERMANENCY
OBJECTIVE C: REUNIFICATION PROJECT

OBJECTIVE:

By July 1985, incorporate into policy and implement in practice the accepted recommendations of the Reunification and Permanency Project (1982-1984) while refining and expanding Project Activities (1984-1985).

CLOSURE STATEMENT:

This objective involved the examination of policy and practice issues related to children returning home, children in need of a permanent placement other than the biological family, and children in the care of the Department until passing from care. The two year pilot project has been completed and continuing activities have been merged with Goal II Objective B as they involve family support and treatment functions. Consequently this objective will be retired from the plan.

FINAL PROGRESS NOTE:

The Final Report of the Reunification Project was presented in March, 1985 to DCYS Senior Staff. Included in the report were program descriptions, monitoring and evaluation documentation and policy and practice recommendations. Meanwhile, Federal IV-B funds (FFY '84) were used to continue the Specialized Parent Aid Programs in Norwalk and Stamford and the Family Support Services (time-limited, intensive, in-home services begun in New Haven) through a portion of SFY '86. Additional (FFY '85) Federal IV-B funds have been allocated for Foster-Parent Training and Support Programs for SFY '86 (see objectives II.B and III.B).

MASTER ROLLING PLAN 1986-1991
TRANSITION NOTE

MASTER ROLLING PLAN 1985-1990
GOAL III: PERMANENCY
OBJECTIVE D: UNIFIED SCHOOL DISTRICT TRANSITIONAL SUPPORT SERVICES

OBJECTIVE:

By July 1986, provide comprehensive services to support the educational transition of every child and youth leaving the Unified School District II.

CLOSURE STATEMENT:

The objective will have been substantially completed by January 1986. The remaining activity, regarding jurisdictional policy and procedure, has been incorporated into Goal II, Objective G - Unified School District Enhancement. Therefore this objective will be retired from the plan.

FINAL PROGRESS NOTE:

Cognitive Profile/Individualized Educational Plan, Learning Style Profile, and placement notification activities have been completed. Jurisdictional policy and procedure activities have been merged with Goal II, Objective G of the 1986-1991 Plan.

MASTER ROLLING PLAN 1986-1991
GOAL IV: PREPARATION FOR ADULTHOOD
OBJECTIVE A: LIFE SKILLS SERVICES

OBJECTIVE:

January 1985 through June 1988, continue to develop a range of services for older adolescents in care designed to better prepare them for their transition toward an independent and productive adult life.

BACKGROUND AND CURRENT LEVEL OF ATTAINMENT:

Nationwide, there are more than 500,000 children in child caring dependency systems -- foster care, state and community-based group homes and residential programs. Each year, over 130,000 of these youth are "forced out" of these systems due to age ineligibility. Connecticut alone has over 1,830 youth age 16 to 18+ in the care of DCYS. A significant percentage of these youth do not have a permanent family to return to when they reach the age of majority and pass from the care of the Department.

Having spent extended time in some sheltered environment, these youth are most often ill-equipped to participate and sustain themselves in society. When they leave care, they also lack the supportive family structure that can ease the transition to independence. As a result, they must receive more preparatory assistance than their counter-parts outside the child-care system. Unfortunately, the numbers of youth in this situation, coupled with the fact that they are scattered throughout the child-care system (in foster homes, group homes, and institutions and in numerous different communities), have made access to solid life-roles training and experiences very limited. As a consequence, at the time of emancipation, many of these youth simply move to another dependency system, such as adult social services, mental health programs, or criminal justice.

In 1983, a DCYS inter-divisional committee was charged with examining the services provided by the Department to adolescents (14 - 18+) in care, especially focusing on their preparation for adulthood. Committee findings indicated that the Department should design and implement various services that will better prepare these youth for successful societal functioning following their departure from DCYS care. In the fall of 1984, this committee sponsored a conference wherein input was elicited from all DCYS Divisions regarding the implications and application of such a program.

Parallel to this state-level work, a number of regional pilot efforts were initiated and to date include:

- New Haven and Rockville Projects - In the New Haven and Rockville Offices one social worker was assigned a specialized caseload of older adolescents and has been working with them on Life Skills, including job training and placement.
- Job Opportunities for Youth, - A two-state project, (operating out of the Judge Baker Child Guidance Clinic in Boston) has been providing support to the Rockville initiative through facilitating linkages to the Private Industry Council and local job training/placement programs. A replication manual and a New England Regional Conference was used to disseminate project results.

MASTER ROLLING PLAN 1986-1991

GOAL IV: PREPARATION FOR ADULTHOOD

OBJECTIVE A: LIFE SKILLS SERVICES

(continued)

- . The Norwich Project - The Norwich Regional Office- participated in a year-long study of the transitional service needs of adolescents in foster and group homes (in conjunction with the Older Adolescents Task Force of RAC III and with funds from the Eastern Connecticut Parent Child Resource System). A pilot project has been designed and the identification and selection of DCYS youth for the Project has begun. Funds to cover a Project Coordinator and Group Facilitators are being provided by Eastern Connecticut Parent Child Resource System. Negotiations with the Private Industry Council resulted in fifteen "Youth Tryout Employment Programs" positions from Thames Valley Council for Community Action and vocational testing from Mohegan Community College. In addition to job training, the program will also cover self-esteem, interpersonal skills, feelings, emotions, remedial education and daily living skills.
- . Jobs for Connecticut Youth - Regional meetings have been held to discuss ways by which the Regional Offices could utilize programs offered by the Jobs for Connecticut Youth Program of the State Department of Education.

In the spring of 1985, the Commissioner of DCYS appointed an Independent Life Skills Steering Committee, with representation from appropriate DCYS Divisions, to oversee the further implementation of this objective. In the fall of 1985, the Committee hired a Statewide Project Coordinator to coordinate the pilot initiatives and develop new approaches.

The Statewide Coordinator position is currently being funded through federal funds (Expansion option was not included in '86 Governor's budget) and is being supervised by the Unified School District II. A budget option for the pick-up of this position has been requested for SFY '87.

MASTER ROLLING PLAN 1986-1991
GOAL IV: PREPARATION FOR ADULTHOOD
OBJECTIVE A: LIFE SKILLS SERVICE

(continued)

ACTIVITY/STRATEGIES	DUE DATE	DIVISION ASSIGNED	ADDITIONAL RESOURCES REQUIRED	OUTCOME ACCOMPLISHMENTS
Continue Pilot Project in Norwich Office.	8/86	DCPS/Reg. Dir. DPCD Eastern Connecticut Parent Child Resource Center		Increased number of youth successfully completing project and produce final report.
Continue Pilot Project in Rockville and New Haven Offices. Begin Project in Hartford Office.	8/86	DCPS Reg. Dir. Project Joy		Increased number of youth successfully completing project.
Participate on Area Action Teams for Jobs for Connecticut Youth Programs in each Region.	1/86 ongoing	DPCT USD II DCPS/Reg.Dir. State Dept. of Education		Ongoing concerns and needs addressed systematically.
Develop regional referral mechanisms for DCYS "at-risk" clients, to the Jobs for Connecticut Youth Programs.	8/86	DPCD USD II DCPS/Reg.Dir. State Dept. of Education		Increased number of youth prepared for employment in community.
Develop strategy to insure ongoing support to pilot projects in Regional Offices (Rockville, New Haven, Norwich & other Regional Offices as identified).	1/86 ongoing	DCPS USD II Project Coordinator DPCD		Steering Committee receives update.
Identify successful elements of pilot initiatives as well as barriers to service.	1/86 ongoing	DCPS USD II Project Coordinator		Report to Steering Committee
Assess DCYS client needs by Region.	4/86 ongoing	USD II Project Coordinator Steering Committee		Assessment Completed.
Identify existing projects willing to serve older adolescents in care (by region). Develop protocol for referring adolescents to these services.	4/86 - ongoing	USD II Project Coordinator DPCD		Survey and protocol completed.
Develop regular liaison with Governor's Job Training Council, Private Industry Councils, and the Jobs for Connecticut Youth Project.	4/86	USD II Project Coordinator DPCD		Liaison established.

MASTER ROLLING PLAN 1986-1991
GOAL IV: PREPARATION FOR ADULTHOOD
OBJECTIVE A: LIFE SKILLS SERVICE

(continued)

ACTIVITY/STRATEGIES	DUE DATE	DIVISION ASSIGNED	ADDITIONAL RESOURCES REQUIRED	OUTCOME ACCOMPLISHMENTS
Identify potential funding sources for projects DCYS may wish to initiate and develop strategy/timeline for accessing funds.	4/86 - ongoing	USD II Project Coordinator Steering Committee		Fiscal Resources identified
Secure state funding for coordinator position and equipment by follow-up on SFY '87 option.	6/86	USD II Steering Committee	SFY '87 option 1 1/2 positions	Position supported by stable funds and necessary equipment obtained resulting in 5 Regional Resource Inventories, 2 policies and 3 new programs.
Initiate at least one new or expanded pilot project per year (includes securing necessary funding/or entry into existing services).	6/86 - ongoing	USD II Project Coordinator Steering Committee		Project initiated
Develop report highlighting: - program models implemented and tested - current status of service delivery - practice and policy implications - multi-year plan to address identified needs.	6/88	USD II Project Coordinator Steering Committee		Report issued.

MASTER ROLLING PLAN 1986-1991
PREPARATION FOR ADULTHOOD
SERVICES FOR OLDER ADOLESCENTS

GOAL IV OBJECTIVE B FROM THE 85-90 MRP HAS BEEN MOVED TO
GOAL II OBJECTIVE H IN THIS DOCUMENT-PLEASE SEE PAGE 51.

MASTER ROLLING PLAN 1986-1991

GOAL V: AGENCY MANAGEMENT

OBJECTIVE A: CAPITAL FACILITIES PLAN PRIORITIES

OBJECTIVE:

By July 1, 1986, and every year thereafter, develop priorities for agency facility and capital needs.

BACKGROUND AND CURRENT LEVEL OF ATTAINMENT:

The Department is required to submit its plans for facility and capital projects annually to the Office of Policy and Management. The plans summarize existing space, structures and proposed changes and identify agency short range needs (i.e., 1986 - 1991) as well as long range needs (i.e., 1991 - 2000).

The Department currently occupies the following structures:

- . One Central Office (Hartford);
- . Five regional and seven subregional offices which provide child welfare services;
- . Three psychiatric hospitals (RiverView, Altobello and Housatonic), one long term residential treatment center (High Meadows), one emergency shelter/intermediate term center (State Receiving Home) and one day treatment program (Greater Bridgeport Children's Services Center) which provides mental health services;
- . One co-ed correctional center (Long Lane School) which provides services to delinquents.

The following items summarize the current adequacy of existing facilities and their short and long range needs through the year 2000.

Regional/Subregional Offices

Leases and new sites have been secured for the Hartford and New Haven offices and expansion of space through renovation has taken place at the Torrington office. New leases will be sought for offices in order of renewal dates.

Long Lane School:

Short Term Needs: Renovation of Briggs Cottage from an open residential area to a medium security unit is expected to be completed in SFY -'86. Funds have been approved for exterior repairs to stop further interior damage and allow maximum utilization of existing spaces and construction of an open pavilion. Renovations to Diagnostic Secure Treatment Unit/Gymnasium were completed in the Fall of '85. Minor Capital Improvements related to fire safety (fire alarm system) will be completed by SFY -'86.

Long Term Needs: Replacement of residential cottages and considerable renovation and expansion of the Cady School building will be required (See Objective V-B). A feasibility study should be completed by fall of 1986.

MASTER ROLLING PLAN 1986-1991

GOAL V: AGENCY MANAGEMENT

OBJECTIVE A: CAPITAL FACILITIES PLAN PRIORITIES

(continued)

RiverView Hospital:

Short Term Needs: A project will be put out to bid for new primary electrical services to be installed to alleviate the load on Connecticut Valley Hospital. A reroofing project to repair original roofs on three cottages will be put out to bid. A request for the addition of a 16 bed residential unit, to replace an overcrowded unit, has been submitted. Funds for plans and specifications have been requested for SFY '87 and, if approved, the anticipated date for completion is SFY '89.

Long Term Needs: With proper maintenance, all buildings will be usable through the year 2000.

High Meadows:

Short Term Needs: Fire safety inspection has been completed by the State Fire Marshall's office and a major fire safety project is now proposed for High Meadows. Funding is anticipated to be approved by SFY '86 and construction completed SFY '87.

Housatonic Adolescent Hospital:

Short Term Needs: A project to renovate a wing of the existing Housatonic space to accommodate a specialized unit for acting out adolescents is being prepared and was submitted to the Bureau of Public Works in September 1985 for action by the Bond Commission.

Altobello Children and Youth Center Gibson Building:

Long Term Needs: A request by the Department was made that requisite procedures be instituted to accomplish the construction of a new 60-bed psychiatric hospital on the grounds of RiverView Hospital, Middletown, CT. Final design stage has been completed and final drawings are in review with Bureau of Public Works. Operations are expected to continue at Gibson until the new facility is available in 1989. Long range planning for the Gibson Building will need to be initiated.

State Receiving Home:

Short Term Needs: A project has been requested for fire safety (renovation of the fire alarm system).

Long Term Needs: Major renovation will be required by 1990 on the infirmary, dwelling and woodbarn (commissary, barber shop, woodwork shop), by 1995 on the dormitories, and by 1997 on the administration building. A Feasibility Study to determine suitability of present physical plant to meet program needs has been approved. The study is to be accomplished by the Bureau of Public Works with anticipated study results by July, 1986.

MASTER ROLLING PLAN 1986-1991

GOAL V: AGENCY MANAGEMENT

OBJECTIVE A: CAPITAL FACILITIES PLAN PRIORITIES

(continued)

Wilderness School:

Short Term Needs: Final prints are due from the architect for a project at the school. Projected date of completion is July, 1986. (Relocation to state property)

See the Statewide Facility and Capital Plan for detailed resource requests. The Department requests funds for all capital projects and leases from the Department of Administrative Services (DAS), which administers funds appropriated for such expenses.

MASTER ROLLING PLAN 1986-1991

GOAL V: AGENCY MANAGEMENT

OBJECTIVE A: CAPITAL FACILITIES PLAN PRIORITIES

(continued)

ACTIVITY/STRATEGIES	DUE DATE	DIVISION ASSIGNED	ADDITIONAL RESOURCES REQUIRED	OUTCOME ACCOMPLISHMENTS
In cooperation with Office of Policy and Management, annually prepare and update agency's submission for the State Facility and Capital Plan based on Department wide needs assessment.	8/86 ongoing	ES DPCD	All necessary resources are considered by Dept. of Administrative Services	Agency submission to State Facility and Capital Plan
Maintain a consolidated staff effort in securing priority projects.	1/86 ongoing	ES	"	Priority Projects approved
Continue participation in the infra-structure study.	1/86 ongoing	ES	"	Infra-structure completed
Obtain necessary approvals and follow up on projects and studies through implementation involving short and long term needs in cooperation with Department of Administrative Services Bureau Public Works and Bonding Commission.	1/86 ongoing	ES	"	Projects approved and implemented
Secure Leasing Space:				
Short and long term needs in order of lease renewal date:	1/86 ongoing	ES	"	Leases renewed or new space located as appropriate.
. Middletown Regional Office (R.O.)(new space) . Goshen - (Wilderness School) . Bridgeport R.O. Main St. . Danbury R.O. . Stamford R.O. . Waterbury R.O. . New Britain R.O. . Norwich R.O. . Vernon R.O. . Bridgeport R.O. Barnum Avenue . Hamden R.O. . Torrington R.O. . Hartford R.O. Asylum Street . Hartford Central Office				
LONG LANE SCHOOL				Projects approved and completed
Short term needs:				
. Complete renovation of Briggs Cottage.	1986	ES	"	"
. Complete exterior repairs and construct open pavilion.	1986	ES	"	"
. Complete minor capital improvements to fire alarm system.	1986	ES	"	"
Long range needs:				
. Complete Feasibility study for the replacement of residential cottages (See Objective V-B).	9/86	ES	"	"

MASTER ROLLING PLAN 1986-1991
GOAL V: AGENCY MANAGEMENT
OBJECTIVE A: CAPITAL FACILITIES PLAN PRIORITIES

(continued)

ACTIVITY/STRATEGIES	DUE DATE	DIVISION ASSIGNED	ADDITIONAL RESOURCES REQUIRED	OUTCOME ACCOMPLISHMENTS
			All necessary resources are considered by Dept. of Administrative Services	Projects approved and completed
<u>RIVERVIEW HOSPITAL</u>				
Short Term Needs:				
. Complete plans and specifications for 16 bed residential unit to replace overcrowded unit.	1987	ES	"	"
<u>HIGH MEADOWS</u>				
Short term needs:				
. Obtain approval for major fire safety project.	1986	ES	"	"
. Complete construction.	1987	ES	"	"
<u>HOUSATONIC ADOLESCENT HOSPITAL</u>				
Short and long term need:				
. Follow up on submission to Bureau of Public Works, Bond Commission and obtain approval for a project to renovate existing space for specialized unit.	1/86 ongoing	ES	"	"
<u>GIBSON BUILDING AT ALTABELLO CHILDREN & YOUTH CENTER</u>				
Short and long term need:				
. Complete planning and construction of a 60 bed psychiatric hospital on the grounds of RiverView Hospital.	1989	ES	"	"
<u>STATE RECEIVING HOME</u>				
Short term need:				
. Complete feasibility study by Bureau of Public Works.	7/86	ES	"	"
Long term needs:				
. Complete major renovations to building.	1990	ES	"	"
<u>WILDERNESS SCHOOL</u>				
Short term needs:				
. Complete relocation and new construction on state property.	7/86	ES	"	"

MASTER ROLLING PLAN 1986-1991
GOAL V: AGENCY MANAGEMENT
OBJECTIVE B: LONG LANE SCHOOL FEASIBILITY STUDY

OBJECTIVE:

By Fall, 1986, complete study for long term physical plant and related program changes at Long Lane School.

BACKGROUND AND CURRENT LEVEL OF ATTAINMENT:

Long Lane School is Connecticut's only coeducational residential treatment facility for adjudicated delinquents committed to the Department of Children and Youth Services.

Long Lane School has seven residential units with a total bed capacity of 125. They are:

<u>Residential Units</u>	<u>Total Capacity</u>
1 Cottage (female)	22
3 Cottages (male)	67
<u>Diagnostic & Severe Treatment Unit (DSTU)</u>	
3 Units (male)	36

Program components include the following:

- . Treatment Program - Guided Group Interaction
- . In-care - Medical, Dental and Administrative
- . Educational Services - Cady School
- . Aftercare Services - Direct Placement, Aid to Parole and Re-entry into the Community

The Long Lane School facility has over thirty buildings, many of which are old and in need of repair or replacement. Constant and expensive maintenance is required on these structures (average age - 50 years) to keep them habitable for the 400-500 acting out adolescents who use them each year. The buildings were not designed for their present use, nor are they cost-effective and adequate from safety or energy standards. Replacement of windows and screens with energy-efficient window/screen units will require some \$366,000 alone. The buildings themselves will require replacement before the year 2000. DCYS wishes to explore the feasibility of replacing the cottages with a single modular-style residential unit over the period 1984-1990.

One of the largest buildings on grounds, the Cady School, receives heavy use and will also require considerable renovation and expansion by the year 2000. It is already lacking appropriate space and there is no room provided for new programs. An adjacent cottage (Allyn), with modification, has been adapted for additional classroom space as an interim measure.

During the 1984 legislative session, the Department request for a feasibility study at Long Lane School was approved. Bonding delays, due to other state priorities, required a hold on the nine month feasibility study process at that time.

In late April 1985, the Department of Administrative Services, Bureau of Public Works appointed an architect to complete a feasibility study for program and physical plant changes. Based on early discussions with the architect, the completion of the feasibility study is now anticipated by Fall, 1986.

MASTER ROLLING PLAN 1986-1991
 GOAL V: AGENCY MANAGEMENT
 OBJECTIVE B: LONG LANE SCHOOL FEASIBILITY STUDY

(continued)

ACTIVITY/STRATEGIES	DUE DATE	DIVISION ASSIGNED	ADDITIONAL RESOURCES REQUIRED	OUTCOME ACCOMPLISHMENTS
Architect (following signature of contract) will develop a feasibility plan for long term plant and program changes at Long Lane School.	9/86	ES DIF	Via Bureau of Public Works	Planning for physical changes will be completed by architect
Results of feasibility study to be submitted to Bureau of Public Works target date 9/86	9/86	ES DIF	"	Study submitted to Department of Administrative Services Bureau of Public Works
Subject to approvals, complete necessary construction at Long Lane School.	1990	ES DIF	"	Necessary construction for plant and program changes completed

MASTER ROLLING PLAN 1986-1991

GOAL V: AGENCY MANAGEMENT

OBJECTIVE C: DEPARTMENTAL INFORMATION GATHERING AND STATISTICAL REPORTING SYSTEMS

OBJECTIVE:

By July 1, 1991, enhance the Department's planning, budgeting and management capacity by producing increased numbers of monitoring reports, program measures and statistics.

BACKGROUND AND CURRENT LEVEL OF ATTAINMENT:

The capacity to produce information on children's programs funded and directed by the Department has been an agency priority in previous Master Rolling Plans. The Department has provided both textual and statistical information in its Program Budget Supplement, Annual Agency Report to the Governor and in an assortment of publications. The Social Service Block Grant evaluation requirements and Connecticut General Statute 17-412 require the Department to monitor and evaluate funded programs. The Department's program budget and commitment to a regional planning capacity require statistical information to be policy and program relevant, and broken down by towns and municipalities.

The summary below briefly outlines the activities which have been addressed in SFY '85:

- . Procedures for monitoring Child Protection Teams and Parent Aides were established.
- . Forty-two (42) monitoring and evaluation reports were completed, an increase of twenty-seven (27) from last year.
- . Distribution of the Department's Program Budget Measures were reviewed and revised by senior staff. In addition, forecast data was made available for one year (SFY '87).
- . Regional Statistical Reports were first released in January, 1982. Following a Departmental and community review, however, the structure of the document was changed. They now reflect regional and town-wide data on the children and youth served by DCYS and a regional service directory.
- . The on-going monitoring of DCYS program providers continued with four (4) major developments:
 1. A modified onsite process was initiated involving follow-up by Division staff on areas where non-accordance existed;
 2. The monitoring of all Safeguarding contracts was transferred to the Division of Research and Evaluation from the Division of Children and Protective Services;
 3. An omnibus inventory consolidating the residential, group home, temporary shelter, day treatment, and child guidance clinic inventories was completed in draft form and the final form is expected to be completed in 1987;
 4. Unique evaluation strategies were developed and implemented for specialized (Social Service Block Grant) programs and crisis intervention information was added to emergency shelter reporting systems to satisfy SSBG requirements.
- . A comprehensive plan for data collection and report generation on community grants and contracts was developed. (Grants Management System)
- . A preliminary study of forecasting for caseloads was completed.

GOAL V: AGENCY MANAGEMENT

OBJECTIVE C: DEPARTMENTAL INFORMATION GATHERING AND STATISTICAL REPORTING SYSTEMS

- . A survey of report users was completed and new formats for statistical presentations was developed.
- . Annual summaries and graphs were prepared for institutions from the Institutional Case Reporting System. Data from the Case Management Systems and Institutional Case Reporting System were integrated into report formats. Computer generated reports from the Institutional Case Reporting System were used for the Altobello Hospital Certificate of Need application and to assist in research projects.
- . The Reunification and Permanency for Connecticut Children Project Evaluation was completed and distributed.
- . The Aftercare Survey of Clients and Agencies was completed and distributed.
- . A special research report, "Suspected Substance Abuse among Perpetrators of Child Abuse and Neglect" was completed and distributed.
- . A special statistical report was prepared for the Justice Planning Division - Office of Policy and Management on child abuse and family violence.
- . Statistical reports were made available on child abuse confirmations and a special report was prepared and presented on the Commissioner's behalf to the Task Force on Sexual Abuse in March.
- . A special listing of Agencies and Programs for Children and Youth in Connecticut was prepared and distributed.
- . The Division developed and produced a special report, with the Hispanic Health Council, on Hispanic Youth and Child Abuse.
- . In response to a major assessment of monthly management reports, the Commissioner Referral Report is being computer generated and printed for statewide, regional and subregional office levels. Efforts continue to produce all management reports as well as summaries for all management levels directly by computer.

Budget considerations have impacted progress on this objective. An increase in the number of DCYS providers monitored was contingent upon receiving funding for three additional positions. These three positions were requested in SFY '86, but were not funded. However, 4/5's of a Research Analyst position was established to assist in the monitoring of SSBG community safeguarding programs. Additional positions requested for SFY '87 will be necessary to: expand the Division's capacity to regularly monitor community-based programs; develop and implement a grants management system; and enhance the Child Abuse Referral and Investigation capacity of the CMS system to incorporate reports of the incidences and characteristics of abuse perpetrated by non-primary caretakers.

In the next five years, activities will include further refinement and development of: preferred practices, forecasting methodologies, inventories, grants management systems, and increased monitoring and redesign of case management systems. Much of this activity will be dependent, however, on increased staff requested for SFY '87.

MASTER ROLLING PLAN 1986-1991

(continued)

GOAL V: AGENCY MANAGEMENT

OBJECTIVE C: DEPARTMENTAL INFORMATION GATHERING AND STATISTICAL REPORTING SYSTEMS

ACTIVITY/STRATEGIES	DUE DATE	DIVISION ASSIGNED	ADDITIONAL RESOURCES REQUIRED	OUTCOME ACCOMPLISHMENTS
Day Treatment Preferred Practices reviewed and issued.	6/87	DRE DPCD		Final Set of Preferred Practices used for enhancement of service.
Omnibus Inventory completed in final form.	9/87	DRE		Omnibus inventory distributed.
Grants Management System developed.	7/88	DRE DDP DPCD DCPS G & C	SFY '87 option 1.5 Data Entry Operator 1 Research Analyst (permanent) 1.5 Research Analyst (1-year duration)	System developed. Ability to study impact of services enhanced. 313 additional comprehensive reports produced on annual basis.
Child Abuse Referral and Investigation capacity enhanced to incorporate incidences and characteristics of abuse perpetrated by non-primary caretakers.	6/91	DRE DDP DCPS	SFY '87 option 1 Systems Analyst (2-year duration) 1 Research Analyst 1 Automated Data Systems Typist	Reports on incidence of abuse by non-primary caretakers generated.
Regional statistical report issued for SFY '88.	12/88 annually thereafter	DRE DPCD	Staff included in option on Grants Management System.	Report issued - updated information regularly available on Regional basis.
Refinement of Forecasting Methodology.	6/91	DRE		Report on Predictions
Increase community based programs to be monitored.	7/87 ongoing	DRE	SFY '87 option 1 Research Analyst 1 Psychiatric Social Worker 1 Management Analyst 1 Automated Data Systems Analyst	Legal requirements met; enhancement of service. 148 additional programs monitored on an annual basis.
Fully implement Institutional Case Reporting System (ICRS).	6/86 and annually thereafter	DRE DIF DDP		System fully implemented. Data collected is applied to facility research and quality assurance studies.
Direct computer production of all management level and summary reports.	7/87	DRE		Major summary data sets, trend analysis and management reports will be computer generated.

MASTER ROLLING PLAN 1986-1991
GOAL V: AGENCY MANAGEMENT
OBJECTIVE D: AGENCY DATA COLLECTION SYSTEM

OBJECTIVE:

By December 1991, create a comprehensive data processing system to capture, manipulate and report out management information needed to monitor service-delivery, process payments, perform accounting functions, and forecast service levels.

BACKGROUND AND CURRENT LEVEL OF ATTAINMENT:

In 1981, the Department established the Division of Data Processing Services. The primary charge to the Division was to transfer the Case Management System from an out-of-state operated environment to an in-state operated environment. The ongoing responsibility of the Division of Data Processing Services is the maintenance and enhancement of the Case Management System and support for all the data processing systems for the Agency. Since the creation of the Division, the Department's referrals have been increasing at a rate of 10-15% annually. The number and configuration of programs have also multiplied during the last few years. However, the Department's data processing development has not risen concurrently with the agency's management and program needs due to a lack of resources.

The Division of Data Processing Services, in cooperation with the Department of Administrative Services, developed a long-range data processing plan in September 1985. The Plan includes, but is not limited to, replacing hardware, reprogramming in more efficient languages, implementing interfaces between systems and designing new systems. The Department's Long-Range Data Processing Plan will be updated on an annual basis.

Below in summary form are the Department's current major data capturing and reporting systems as well as those under development:

1. CASE MANAGEMENT SYSTEM (CMS)

The CMS data base currently contains data on 43,500 cases, of these 11,500 are active. Family cases are 6,000 and individuals are 5,500 on average. CMS underwent a review for a complete rewrite into a more efficient data base management language, and the estimated implementation date is July 1, 1986.

2. VENDOR PAYMENT SYSTEM (VPS)

VPS currently contains data on 12,500 vendors and their payment histories. VPS has been rewritten into new languages (CICS), and the vendors and their payment data have been separated. The vendor demographic data has become a separate system, with several linkages to other systems which will be completed in January, 1986. Payment data will be transferred to the CMS system by July 1, 1986. Once all non-fiscal data is separated, VPS will become part of a larger Fiscal Management System (FMS) which is under development.

3. ADOPTION RESOURCE EXCHANGE SYSTEM (ARES)

ARES is a (VSAM-DMS) system containing information on all adoptions in the state by private agencies or by DCYS. Due to staff changes and reorganizations in the Division of Licensing, there has been no further development of this system. However, a project analysis has been completed and is under review by the administration.

4. CARELINE SYSTEM

The Careline System is a (VSAM-DMS) system which logs calls received by the 24-hour Careline situated at Long Lane School in Middletown. A community resource file has been completed. The file contains 800 entries which are coded by type of resource and the town in which they are located. Careline staff can locate the required resource by entering the resource type, and the town of residence of the client. The computer will identify the location of the resource closest to the client. As new resources are developed and discovered, they are added to the system.

5. INSTITUTIONAL CASE REPORT SYSTEM (ICRS)

ICRS is a (DL/I-DMS) system which captures demographic and case activity data on clients at the one emergency treatment and four psychiatric facilities operated by DCYS. ICRS now contains 5,000 records. The system has been expanded to include a name search capability. With the addition of High Meadows in July, 1985, all DCYS facilities have been incorporated into the system. A re-write into Customer Information Control System (CICS) was completed on September 30, 1985. Future plans include the addition of post-discharge information and a linkage to the Bureau of Collection Services.

6. MANAGEMENT TRACKING SYSTEM (MTS)

Currently, manual counting and tracking of personnel management information, including such records as those of time and attendance, takes place. These procedures are time consuming due to the large number of personnel being managed and, consequently, other areas of personnel management receive less time. A Management Tracking System currently exists but requires ongoing maintenance and expansion which is described more fully in the Department's Long-Range Data Processing Plan. An Applicant Tracking System has been developed but remains to be implemented and an Automated Time and Attendance System, a Grievance Disciplinary System, and a Longevity-Seniority System are planned. Once these planned systems are implemented they, along with the Management Tracking System, will be incorporated into a broader Personnel Management System. See Goal V, Objective H for more information.

7. COMPUTER ASSISTED INSTRUCTION SYSTEM (CAIS)

The CAIS System is a cluster of software packages used to assist children in learning basic skills. See Goal II, Objective G for further details.

8. GRANTS MANAGEMENT SYSTEM (GMS)

A comprehensive plan for data collection and report generation on community grants and contracts was developed by the Department. Budget considerations have impacted progress on the operationalization of this system and funds for increased staff positions have been requested in SFY '87. See Goal V, Objective C for further information.

MASTER ROLLING PLAN 1986-1991

GOAL V: AGENCY MANAGEMENT

OBJECTIVE D: AGENCY DATA COLLECTION SYSTEM

(continued)

9. CHILD ABUSE REFERRAL AND INVESTIGATION CAPACITY

Currently, the Child Abuse Referral and Investigation Section of the Case Management System (CMS) is designed only to record referral information on abuse/neglect perpetrated by primary caretakers such as mother, father, relative and step parent. The mandate of DCYS has been expanded to include recording abuse/neglect perpetrated by non-primary caretakers (i.e., school teachers, day care providers, etc.). In order to provide the necessary, accurate statistical information on the incidence of abuse by non-primary caretakers to decision-makers, planners, legislatures, etc. it is imperative that the system be developed to include the following: demographic information on perpetrators, the location of the abuse incident, the relationship of the perpetrator to the child, the extent of involvement of other agencies, the time spent in the resolution of the case, the activity the child was involved in at the time of the incident, and the course of action taken for both the victim and perpetrator. See Goal V, Objective C for further information.

MASTER ROLLING PLAN 1986-1991
GOAL V: AGENCY MANAGEMENT
OBJECTIVE D: AGENCY MANAGEMENT COLLECTION SYSTEM

(continued)

ACTIVITY/STRATEGIES	DUE DATE	DIVISION ASSIGNED	ADDITIONAL RESOURCES REQUIRED	OUTCOME ACCOMPLISHMENTS
<u>Case Management System (CMS)</u> Rewrite CMS into a more efficient data base management language.	7/86	DDP		Production running.
<u>Vendor Payment (VPS)</u> 1) Transfer payment data to CMS System.	7/86	DDP		
2) Implement PMS System	1/87	DDP	SFY '87 option 1 Data Processing Systems Analyst II 1 Comp. Programmer 1 Data Processing Coordinator	PMS System Implemented
<u>Adoption Resource Exchange System (ARES)</u> Develop more definite workplan including an identification of resources needed for implementation.	6/86	DDP DL Dpty.Comm.Admin.Svcs.	To be determined	To be identified in workplan.
<u>Institutional Case Reporting System (ICRS)</u> 1) Incorporate post discharge information.	7/87	DDP		Implementation of modifications.
2) Develop linkage to Bureau of Collection Services.				
<u>Personnel Management System (PMS)</u> See Goal V, Objective H for further information.		DDP DPA		
<u>Computer Assisted Instruction System (CAIS)</u> See Goal II, Objective G for further information.		DDP USD II		
<u>Grants Management System (GMS)</u> See Goal V, Objective C for further information.		DDP R & E DCPS DPCD G & C		
<u>Child Abuse Referral and Investigation Capacity</u> See Goal V, Objective C for further information.		DDP R & E DCPS		

MASTER ROLLING PLAN 1986-1991

GOAL V: AGENCY MANAGEMENT

OBJECTIVE E: INTERDEPARTMENTAL COORDINATION AND AGREEMENTS

OBJECTIVE:

1986-1991, provide for mechanisms to ensure and improve ongoing interagency coordination and agreement when responsibilities for children and youth cross agency lines, or where interagency decisions affect services.

BACKGROUND AND CURRENT LEVEL OF ATTAINMENT:

Effective and ongoing interagency coordination, in providing services to children and youth, reduces the time consumed on the direct services level, and serves to minimize the chances of children falling through an "interagency gap". Managing coordination of large state level agencies is presenting a challenge throughout the nation. Federal laws and regulations often impact across agency lines and interagency mechanisms must then be developed.

The Department has worked with a number of other state departments, councils, commissions and task force groups over the past year in areas of interagency coordination and planning. A wide variety of issues were discussed and agreements reached on topics such as case specific interagency liaison, fiscal matters, statutory and jurisdictional issues, roles and activities in abuse/neglect situations and joint planning of service programs and projects.

Briefly summarized below are coordination issues which have been addressed over SFY '85:

With the Department of Mental Retardation:

- . Continued liaison and coordination on case specific issues and discussion to develop an interagency transfer agreement;
- . in cooperation with State Commission of Developmentally Disabled, took the lead in writing a grant to prepare a curriculum for adoptive parents of special needs and developmentally disabled children (see objective III B).

With the State Department of Education:

- . Discussed implementation of a single cost accounting formula (contingent on funding) to provide for payments for services at private institutions which more nearly approximate actual cost of care;
- . Continued joint planning of prevention programs including the Child Abuse Awareness in the Schools Project, Secondary School Development Project and Primary Mental Health Project. (see objective II A);
- . Assisted in promulgating regulations to resolve jurisdictional disputes between local educational agencies with regard to state agency placed children;
- . Prepared a draft agreement, currently under review, to recognize educational attainment of children and youth residing in private residential facilities in order to assure that educational credit is received for these youths as appropriate (see objective II G);

MASTER ROLLING PLAN 1986-1991

GOAL V: AGENCY MANAGEMENT

OBJECTIVE E: INTERDEPARTMENTAL COORDINATION AND AGREEMENTS

(continued)

- . Participated on interagency committee which has developed and published a booklet of information and guidelines for school personnel in regard to Acquired Immune Deficiency Syndrome (AIDS);
- . In conjunction with the State Department of Health, and with local education agencies, prepared guidelines for handling reports of suspected child abuse/neglect in order to clarify roles and responsibilities of professionals involved;
- . On behalf of the Governor's office, and with assistance from the Connecticut Youth Services Association and the State Department of Education, planned and implemented a statewide Governor's International Youth Year Conference held November 1985.

With the Judicial Department:

- . Jointly prepared, for distribution by the Judicial Department, a new order of commitment form, to include certification of reasonable efforts in preplacement prevention and reunification, in order to meet federal requirements for documentation of court findings regarding casework practice;
- . DCYS Regional Directors initiated regular discussions with area Judges on issues impacting Regional Offices in order to promote understanding of operations of the Department with Judges who are on a rotation schedule in Juvenile Matters.

With the Department of Income Maintenance:

- . In working toward an agreement to meet the cost for emergency/temporary housing for DCYS referrals, who are also public assistance recipients, the Departments, due to fiscal constraints, have not been able to modify criteria for client length of stay in emergency housing.
- . In order to provide for more equitable distribution of resources for Child Guidance Clinic Services, continued to seek clarification on Title XIX reimbursement to Child Guidance Clinics for services to children.
- . Transferred to DCYS the administration of Fair Hearings which involved payments on behalf of DCYS clients, (excluding hearings on Title XIX medical payments), in order to consolidate administrative functions in children's cases;
- . In cooperation with the Department of Human Resources, developed an agreement where service costs for youth requiring care and reaching their eighteenth birthday are assumed by these agencies.

With the Department of Health:

- . In response to federal initiative, developed a joint protocol for handling reports of suspected maltreatment of handicapped infants and continued a review of Federal Regulations being developed in this area.

MASTER ROLLING PLAN 1986-1991

GOAL V: AGENCY MANAGEMENT

OBJECTIVE E: INTERDEPARTMENTAL COORDINATION AND AGREEMENTS

(continued)

With the Office of State Police:

- . In conjunction with the Governor's Office, supported the proposal of a bill which establishes the State Police as the central agency for dealing with missing children, in order to assure that information on missing children is centralized and to facilitate location of missing children.

With the Department of Human Resources:

- . Attended External Task Force on Day Care, along with five other state agencies and the Permanent Commission on the Status of Women, to update and clarify information on state day care programs and to establish an action plan to enhance day care services.
- . Attended Day Care Council meetings to cooperatively revise and update day care regulations and developed agreements among day care provider licensing agencies which would clarify procedures used in investigating child abuse referrals from day care centers. (see objective II B)

With The Department of Mental Health:

- . Completed discussions to transfer to D.C.Y.S., the administration of approximately \$277,251 ADM (Alcohol, Drug, Mental Health) Federal Block Grant funds for childrens' mental health services in order to consolidate children's mental health services and provide some additional funds for new services.

With the Department of Administrative Services:

- . To increase revenue, worked with the Bureau of Collection Services toward establishing a fee collection system for the Greater Bridgeport Children's Services Center.

With the Connecticut Alcohol and Drug Abuse Commission:

- . Served as a commission member;
- . Developed necessary linkage between substance abuse and child abuse programming;
- . Identified the need for services available for substance abusing mothers and funded a demonstration project in the Stamford/Norwalk area with Reunification Project funds;
- . See item under Office of Policy Management below.

With the Office of Policy and Management (Justice Planning Division and Advisory Committee):

- . In cooperation with the Connecticut Alcohol and Drug Abuse Commission and the State Department of Education, worked as members of a Subcommittee to Prevent Student Alcohol and Drug Abuse and developed a proposal for a statewide program to prevent substance abuse including community based components, (see objective II A.);

MASTER ROLLING PLAN 1986-1991

GOAL V: AGENCY MANAGEMENT

OBJECTIVE E: INTERDEPARTMENTAL COORDINATION AND AGREEMENTS

(continued)

- . Through a contract with St. Joseph College, and in cooperation with Department of Aging, Department of Human Resources, Municipal Police Training Academy, State Police, Info Line of Connecticut, and representatives from emergency housing programs, assessed the magnitude of family violence to further coordinate work of key state agencies, including: a review of statutes; administrative procedures; currently available services; service gaps; and public education proposals with a Task Force report target date of 12/85.

With the Statewide Sexual Abuse Task Force:

- . Supported a multi-agency effort to develop a statewide integrated comprehensive approach to the prevention, intervention and treatment of child sexual abuse.

With the Teenage Pregnancy Prevention Council:

- . Served on the 24 member Council, which consists of representatives from state agencies, General Assembly, community and providers of services, and is established to develop and oversee implementation of a statewide policy and strategic plan for adolescent pregnancy prevention and to identify needs and recommend means to resolve issues related to teenage pregnancy services.

With the Commission on Children and Youth:

- . Participated as ex-officio member of the Commission.

With the Governor's Task Force on the Homeless:

- . Participated as member to develop recommendations to deal with problems associated with the homeless in Connecticut.

With the Quality of Work Life Project Committee:

- . In cooperation with the Departments of Mental Health, Mental Retardation and Union representatives participated in discussions to promote improvement of the work environment, skills and morale of health care employees to insure delivery of quality care to clients.

MASTER ROLLING PLAN 1986-1991

(continued)

GOAL V: AGENCY MANAGEMENT

OBJECTIVE E: INTERDEPARTMENTAL COORDINATION AND AGREEMENTS

ACTIVITY/STRATEGIES	DUE DATE	DIVISION ASSIGNED	ADDITIONAL RESOURCES REQUIRED	OUTCOME ACCOMPLISHMENTS
<u>With the Department of Mental Retardation:</u>				
. Continued liaison and coordination on case specific issues.	1/86 ongoing	DIF		Case specific coordination takes place as appropriate
. Discussions to work toward formalizing an interagency case transfer agreement.	6/86	DIF		Establishment of inter-agency transfer agreement
. In a collaborative effort with the Developmental Disabilities Council and in conjunction with Connecticut University Affiliates Program, Child Welfare Institute of St. Joseph College, and the Connecticut Council on Adoption, plan to implement training of approximately 300 child care professionals and targeted adoptive parents on techniques for supporting families who adopt special needs and developmentally disabled children.	2/87	DCPS		Approximately 300 child care professionals and targeted adoptive parents will be trained
<u>With the State Department of Education:</u>				
. Implement single cost accounting formula (Contingent on funding).	7/87	DFS	SFY '87 option \$1,978,000	Single cost accounting in use - contingent on approval of \$1,978,000
. Joint Planning of prevention programs including Child Abuse Awareness in the Schools Project, Secondary School Development Project and Primary Mental Health Project.	1/86 ongoing	DCPS DPCD	SFY '87 option Secondary School Development Staff position	Joint implementation of prevention programming in schools
. Refinement of draft and implementation of agreement to recognize educational attainment of children and youth in private residential care.	6/86	USD II		Youth in residential care receive recognition for completion of secondary school requirements
. Assist in promulgating regulations to resolve jurisdictional disputes between local educational agencies with regard to state agency placed children.	6/86	USD II		Finalized regulations
<u>With the Department of Mental Health:</u>				
. Joint planning regarding possible new legislation in regard to payments for youth reaching 18th birthday.	1/86 ongoing	Dpty. Comm. Prog. Svcs.		Procedures on payments clarified
. Joint planning around ADM Block Grant.	1/86 ongoing	DPCD		Clarity around administration and management of ADM funds for Children's Mental Health.
<u>With the Judicial Department:</u>				
. Continued discussions between Regional Directors and Juvenile Court Judges regarding issues impacting Regional Offices.	1/86 ongoing	DCPS Reg. Dir.		Issues discussed and resolved
. Continued discussions with the Probate Courts on issues impacting child welfare.	1/86	DCPS		Issues discussed.

MASTER ROLLING PLAN 1986-1991
GOAL V: AGENCY MANAGEMENT
OBJECTIVE E: INTERDEPARTMENTAL COORDINATION AND AGREEMENTS

(continued)

ACTIVITY/STRATEGIES	DUE DATE	DIVISION ASSIGNED	ADDITIONAL RESOURCES REQUIRED	OUTCOME ACCOMPLISHMENTS
<u>With the Department of Health:</u>				
• Review, and keep operative, a jointly developed protocol of procedures and guidelines relating to child protection issues and medical consultation for handicapped infants.	1/86 ongoing	Dpty.Comm.Prog.Svcs. Chief Psych. DCPS		Protocol finalized pending additional Federal regulations
• Continued Review of related Federal regulations as issued.	1/86 ongoing	Chief Psych.		Regulations reviewed
<u>With the State Police:</u>				
• In conjunction with the Governor's Office, support the State Police as central agency for dealing with missing children.	1/86 ongoing	Dpty.Comm.Prog.Svcs.		State Police established as central agency for missing children
<u>With the Department of Human Resources:</u>				
• Continued representation on External Task Force on Day Care to develop an action plan to enhance day care services.	1/86	DPCD		Day Care Services further enhanced
• Continued DCYS representation on the Day Care Council.	6/86	DPCD		Enhancement of Day Care services.
<u>With the Office of Policy and Management:</u>				
• In conjunction with Justice Planning Division, continue joint monitoring of pilot prevention projects using OJJDP funds as well as joint work on truancy prevention and intervention programs and unconditional care models applicable to youth under care of the Department (See objectives II-A, II-H).	9/87	DPCD		Joint planning and monitoring of currently funded programs plus new program development
• In conjunction with Juvenile Justice Advisory Committee, State Department of Education and Connecticut Alcohol and Drug Abuse Commission, work to implement programs to prevent substance abuse (see objective II-A).	10/86 ongoing	DPCD	Anticipated Legislative appropriation \$500,000	Substance abuse prevention programs implemented
• In conjunction with Justice Planning Division, continue representation on State Task Force on Family Violence to coordinate programs with key state agencies involved.	1/86 ongoing	DRE		Improved coordination of services for maltreated children

MASTER ROLLING PLAN 1986-1991

GOAL V: AGENCY MANAGEMENT

OBJECTIVE E: INTERDEPARTMENTAL COORDINATION AND AGREEMENTS

(continued)

ACTIVITY/STRATEGIES	DUE DATE	DIVISION ASSIGNED	ADDITIONAL RESOURCES REQUIRED	OUTCOME ACCOMPLISHMENTS
<u>With the Statewide Task Force on Sexual Abuse:</u>				
• Continue agency participation to implement integrated comprehensive approach to the prevention, intervention and treatment of child sexual abuse.	1/86 ongoing	Comm. DCYS DCPS C.O. and R.O. Staff		Proposals outlining recommended strategies will be developed
<u>With the Teenage Pregnancy Prevention Council:</u>				
• Continued agency participation to develop and oversee implementation of policy and strategic plan for adolescent pregnancy prevention and to assess and make recommendations regarding services.	1/86 through 7/87	Dpty.Comm.Prog.Svcs.		Statewide policy and plan developed, services studied and recommendations made to enhance services.
<u>With the Connecticut Alcohol and Drug Abuse Commission:</u>				
• Continued discussions to develop effective programming as childrens services are impacted by drug and alcohol issues in families.	1/86 ongoing	DRE		Linkages and joint information base developed
• Identify mechanisms for training substance abuse staff in child abuse reporting.	1/86 ongoing	DRE		Training mechanisms identified to improve reporting.
• (See also item under Office of Policy and Management).				
<u>With the Governor's Job Training Coordinating Council:</u>				
• In conjunction with the State Department of Education and Private Area Industry Councils, develop life skills job training programs and job placements for older adolescents in care of DCYS as well as protocol for accessing existing programs (See objective IV-A).	4/86	USD II		Additional job and training opportunity for DCYS youth
<u>With the State Commission on the Developmentally Disabled:</u>				
• Study of issues related to adoption of disabled infants.	1/86 ongoing	Dpty.Comm.Prog.Svcs. DCPS		Issues of disabled studied
• See also item under Dept. of Mental Retardation.				
<u>With the Commission on Children and Youth:</u>				
• Participate as active member of the Commission to meet Commission mandate.	1/86 ongoing	Comm. DCYS		Active participation on Commission
• Support liaison activities among state agencies involved in children and youth issues and services.		DPCD		

MASTER ROLLING PLAN 1986-1991

(continued)

GOAL V: AGENCY MANAGEMENT

OBJECTIVE E: INTERDEPARTMENTAL COORDINATION AND AGREEMENTS

ACTIVITY/STRATEGIES	DUE DATE	DIVISION ASSIGNED	ADDITIONAL RESOURCES REQUIRED	OUTCOME ACCOMPLISHMENTS
<u>With the Children's Trust Fund Council:</u>				
. Participate with 15 member council, with representatives from both State Agency and private sector, to assist in developing programs to raise funds designed to aide in child abuse prevention activities.	1/86 ongoing	Comm. DCYS		Increased funds for child abuse prevention activities in the State of Connecticut.
<u>With the Governors' Task Force on the Homeless:</u>				
. Participate on the task force to develop tasks and strategies to implement the recommendations made by the task force in SFI '85 and '86 and explore innovative ways to deal with problems associated with homeless in Connecticut especially runaway and homeless youth.	1/86 ongoing	Comm. DCYS		Enhanced services for homeless in Connecticut particularly runaway and homeless youth.
<u>With the Quality of Work Life Projects</u>				
. Continued participation in project to improve work environment, skills and morale of health care employees.	1/86 ongoing	Dpty. Comm. Admin. Svcs.		Enhanced delivery of services in health care settings and enhanced cooperation between State and Union representatives

MASTER ROLLING PLAN 1986-1991
TRANSITION NOTE

MASTER ROLLING PLAN 1985-1990
GOAL V: AGENCY MANAGEMENT
OBJECTIVE F: ENHANCED CAPACITY FOR GRANTS AND CONTRACTS
ADMINISTRATION AND IN INTERPRETATION OF GOVERNMENTAL POLICY

OBJECTIVE:

By July 1, 1986 enhance the Department's capacity to administer grants and contracts and interpret and continue to comply with the government statutes, regulations and policy.

CLOSURE STATEMENT:

This objective, which concerned the systematizing and improving of departmental grant and contractual processes particularly through the development of a Grants and Contracts Unit, has been completed and will be retired from the plan.

FINAL PROGRESS NOTE:

An analysis of the Department's current grants and contracts operations, including related processes, policies and procedures, has been completed and submitted to the Deputy Commissioner for Administrative Services. Meanwhile three state-funded positions have been secured to staff the new Grants and Contracts Unit which has now become operational. The budget requests for two accounts examiners positions in Fiscal Services and for an attorney and a secretary for the Policy Unit have been resubmitted for SFY '87.

MASTER ROLLING PLAN 1986-1991
GOAL V: AGENCY MANAGEMENT
OBJECTIVE G: VOLUNTEER SERVICES

OBJECTIVE:

By July 1, 1986 develop additional policy for volunteers and evaluate recently established Regional volunteer projects.

BACKGROUND AND CURRENT LEVEL OF ATTAINMENT:

Volunteer Services projects have increased over SFY '85 and the Department will continue to develop Regionally based projects over SFY '86.

A Volunteer Services Planning Committee, consisting of Departmental staff, community providers and Regional Advisory Council members, met during 1982-1983 to study the Volunteer Services program of the Department and to prepare recommendations relative to these services. Two areas of priority were identified; (a) the need to establish Departmental policy for volunteers and (b) the need for volunteer coordination in the Regions, to access and link existing resources.

An initial policy statement describing the responsibilities and function of the Departments' Office of Volunteers was developed and issued in SFY '84. Additional policy was also drafted over the fall of 1985, which identifies the Department's responsibilities to volunteers for recruitment, orientation, benefits and recognition of efforts.

Budget requests to support new regional volunteer coordinator positions were not included in the Department priority expansion items for SFY '86 or SFY '87.

However, in addition to the ongoing volunteer services program of the Department, which brings in donated services valued at approximately \$200,000 per year, a variety of new projects were initiated in the Regions, through allotment of "seed monies" from the Department's Division of Children and Protective Services. New projects include:

- . An "Our Kids Fund", begun in the Hartford Regional Office, is now established at all Regional Offices. The general public contributes cash gifts to meet needs of the DCYS caseload including personalization of gifts for youngsters.
- . Foster Parent Recruitment Materials were developed in Region I as part of a cooperative community effort including local agencies such as community Child Protection Program, the Regional Advisory Council, and with donated services of the Richardson Vicks Company.
- . The Volunteer Parent Aide Program of the Region IV-Rockville Office recruited additional volunteer parent aides, increasing the services to clients in this Region. This Volunteer Parent Aide Program is also cooperating with the Department in developing a pilot "stress management" program.
- . A number of other parent aide projects, statewide, have also developed or strengthened volunteer components over this past year with the support of DCYS Grant-in-Aid funds for community projects.

MASTER ROLLING PLAN 1986-1991
GOAL V: AGENCY MANAGEMENT
OBJECTIVE G: VOLUNTEER SERVICES

(Continued)

Over the next year, the Chief of Volunteer Services will develop additional policy and provide technical support to developing programs. As a means of consolidation and to improve service to the public, the following developments will be initiated: (a) A description and discussion of volunteer services will be included in the orientation of new DCYS staff; (b) Awards and recognition for employees as well as for volunteers will be coordinated through the Chief Of Volunteer services; (c) A speaker's Bureau is proposed to be developed and coordinated by the Volunteer Services Unit using both Regional Advisory Board volunteers and professional staff.

The Division of Children and Protective Services will continue the development of a pilot volunteer services project begun at the New Britain sub-regional office.

MASTER ROLLING PLAN 1986-1991
GOAL V: AGENCY MANAGEMENT
OBJECTIVE G: VOLUNTEER SERVICES

(continued)

ACTIVITY/STRATEGIES	DUE DATE	DIVISION ASSIGNED	ADDITIONAL RESOURCES REQUIRED	OUTCOME ACCOMPLISHMENTS
Develop additional departmental policy on voluntarism.	1/86 ongoing	Chief Vol.Services		Policy developed
As approved, issue additional policy.	1/86 ongoing	Chief Vol.Services		Policy issued
Continue to develop and implement the use of volunteers including providing information for staff orientation and development, coordinating awards and recognition, developing a public speakers bureau and providing technical assistance to developing programs.	6/86	Chief Vol.Services		Additional enhancements to Department's work with volunteers.
Submit budget options for SFY '88 to enhance volunteer services.	6/86	Chief Vol.Services		Budget options submitted. Volunteer services enhanced.
<u>Regional Office Initiatives</u>				
Based on assessed Regional Office needs, and community resources to meet those needs, develop a pilot volunteer services program specific to Regional Office needs with appropriate assignments for volunteers.	1/86 ongoing	DCPS DPCD		Volunteer services coordination enhanced in one Regional Office.
Explore feasibility of Regional Advisory Council support in developing Volunteer Projects at Regional Offices.	1/86 ongoing	Chief Vol.Services DCPS DPCD		Decision on RAC support

MASTER ROLLING PLAN 1986-1991

GOAL V: AGENCY MANAGEMENT

OBJECTIVE H: PERSONNEL MANAGEMENT SYSTEMS (PMS)

OBJECTIVE:

By 1991, secure resources to develop, automate and expand the current Management Tracking System as well as the following new systems: Automated Time and Attendance System; Applicant Tracking System; Grievance Disciplinary System; Longevity - Seniority System.

BACKGROUND AND CURRENT LEVEL OF ATTAINMENT:

Personnel Management Systems assist in ensuring that appropriate, efficient and effective services are available to children and youth at each level in the continuum of care provided by the Department.

The Personnel Division supports the personnel management needs of the agency which include over 1,650 employees in over 200 job classifications located at 23 different job sites. The activities of the Personnel Division involve: timely and effective recruitment; selection and placement of employees; prescriptive training and staff development activities; establishing and maintaining sound personnel management programs and policies; and timely and accurate payroll services. Additionally, new Affirmative Action regulations require the multi-level tracking of over 5,000 employment inquiries annually. In response to these demands, the Personnel Division has been developing a series of computer-assisted information systems to process and manage the large amounts of information associated with its functions. Current manual systems cannot adequately meet the enormous demands for information processing required by complex employee transactions and additional reporting requirements.

A Management Tracking System has had ongoing maintenance and some of the needed enhancement programs are in the initial stages of development but have not gone forward due to the limited availability of programmer time. A request for a Computer Programmer II for SFY '87 was not included in the Department's budget expansion request due to other Departmental priorities. As a result, the timeline for the completion of this objective has been advanced to July 1, 1989. Approval has been secured to fund a six month computer programmer-intern as an interim solution. The programmer intern, along with a new, telex will allow for implementation of a new automated Applicant Tracking System (ATS). With the completion of the State Retirement System, information will be made available to allow work to begin on an Automated Time and Attendance System. In subsequent years, a Grievance Disciplinary System and a Longevity - Seniority System will also need to be developed.

The Management Tracking System, the Applicant Tracking System, and the Time and Attendance System all require an additional Computer Programmer II, a Programmer Analyst and a full time Data Entry person before they can be fully developed and implemented at optimal levels. In particular, the Management Tracking System needs an enlarged capacity to capture complex employee transactions which it currently has difficulty tracking (i.e., dual employment and temporary service in a higher job classification).

The Personnel Division information processing needs also require a personal computer to store and retrieve information not suitable to the mainframe system (i.e., labor relations files which must be both easily accessible and confidential).

MASTER ROLLING PLAN 1986-1991

GOAL V: AGENCY MANAGEMENT

OBJECTIVE H: PERSONNEL MANAGEMENT SYSTEMS (PMS)

(continued)

ACTIVITY/STRATEGIES	DUE DATE	DIVISION ASSIGNED	ADDITIONAL RESOURCES REQUIRED	OUTCOME ACCOMPLISHMENTS
Obtain additional programmer time for short term pending approval of full time, permanent position.	1/86	DPA		Programmer Intern extended
Continue limited development of Automated Time and Attendance System.	1/86 ongoing	DPA		Time and attendance systems set up for automation
Submit budget option for SFY '88 for full time, permanent Computer Programmer II, Programmer Analyst, and Data Entry position.	6/86	DPA		Positions acquired and filled
Resume enhancement of program development for the Management Tracking System and the Applicant Tracking System.	1/86	DPA	Possible SFY '88 option Computer Programmer Programmer Analyst Data Entry Position Personal Computer	Enhancement Programs Developed
Complete development and implementation of Management Tracking System, Applicant Tracking System and Time and Attendance System.	7/89	DPA	Positions as noted above in SFY '88 option	Systems completed and operational
Complete development and implementation of Grievance Disciplinary System and Longevity - Seniority System.	7/91	DPA	Possible SFY '89 option for additional resources	System completed and operational.

MASTER ROLLING PLAN 1986 - 1991

APPENDICES

- A. PLAN IN BRIEF-TEXT OF DCYS MISSION, GOALS AND OBJECTIVES
- B. SUMMARY OF FISCAL INFORMATION
- C. SUMMARY OF DATA ON CHILDREN SERVED
- D. REGIONAL MAPS WITH SERVICE LOCATIONS AND LISTING OF SERVICES BY REGIONS

MASTER ROLLING PLAN 1986 - 1991
APPENDIX A

PLAN IN BRIEF

FULL TEXT OF THE DCYS MISSION, GOALS
AND OBJECTIVES FOR THE FIVE YEAR MASTER ROLLING PLAN 1986 - 1991

DEPARTMENT OF CHILDREN AND YOUTH SERVICES
FIVE YEAR MASTER ROLLING PLAN 1986 - 1991
PLAN IN BRIEF - MISSION, GOALS AND OBJECTIVES

MISSION OF THE DEPARTMENT

PLAN, CREATE, DEVELOP, OPERATE OR ARRANGE FOR, ADMINISTER AND EVALUATE A COMPREHENSIVE AND INTEGRATED STATEWIDE PROGRAM OF SERVICES, INCLUDING PREVENTIVE SERVICES, FOR CHILDREN AND YOUTH WHOSE BEHAVIOR DOES NOT CONFORM TO THE LAW OR TO ACCEPTABLE COMMUNITY STANDARDS, OR WHO ARE MENTALLY ILL, EMOTIONALLY DISTURBED, DELINQUENT, ABUSED, NEGLECTED OR UNCARED FOR, INCLUDING ALL CHILDREN AND YOUTH WHO ARE OR MAY BE COMMITTED TO IT BY ANY COURT, AND ALL CHILDREN AND YOUTH VOLUNTARILY ADMITTED TO THE DEPARTMENT FOR SERVICES OF ANY KIND.

GOAL I:

DEVELOP A MORE COMPREHENSIVE AND INTEGRATED SYSTEM TO ENCOMPASS CHILD WELFARE, MENTAL HEALTH AND JUVENILE DELINQUENCY SERVICES SUCH THAT FAMILIES AND COMMUNITIES ARE ASSISTED IN ESTABLISHING AND MAINTAINING SAFE, STABLE, NURTURING ENVIRONMENTS WHICH ENHANCE CHILDREN AND YOUTH'S GROWTH AND DEVELOPMENT. DEVELOP THE SYSTEM IN COOPERATION WITH FEDERAL, STATE, LOCAL, PUBLIC AND PRIVATE ORGANIZATIONS.

OBJECTIVE A: COMPREHENSIVE SERVICE DELIVERY MODEL

By December 1, 1989, further refine and develop the Continuum of Care Model such that basic services needed at each level of the Continuum are identified and defined. Concurrently, continue to develop Preferred Practices for these basic services and use this expanded model to establish optimal numbers and location of services by Region.

OBJECTIVE B: STUDY OF SERVICES FOR MINORITY CLIENTS

January 1986 through December 1989, prepare yearly advocacy action plans which include a summary of recommendations and specific actions taken for enhancements in services for minority clients, building on a sequenced assessment of: existing services; model programs; case record reviews; staff and family interviews; and statistical data. Monitor the impact of advocacy action plans on a six month basis through December 1989.

OBJECTIVE C: RETIRED

GOAL II:

INCREASE THE LEVEL OF RESOURCES AVAILABLE FOR PREVENTIVE, SUPPORT AND SUPPLEMENTARY SERVICES WHILE ENSURING THAT A QUALITY SUBSTITUTE-CARE SYSTEM IS ACCESSIBLE FOR THOSE CHILDREN AND YOUTH REQUIRING SUCH SERVICES.

OBJECTIVE A: PREVENTION

1986-1991: provide the necessary coordination, training and technical assistance, information and funding to ensure long term availability of programs to prevent child abuse and neglect, juvenile delinquency and emotional dysfunction of children and youth in each DCYS region.

OBJECTIVE B: FAMILY SUPPORT AND TREATMENT SERVICES

By July 1989, strengthen the network of family support and treatment services which alleviate problems associated with child maltreatment, mental illness and delinquency.

OBJECTIVE C: COMPREHENSIVE EMERGENCY SERVICES SYSTEM

By July 1989, develop a Comprehensive Emergency Service System within each of the five DCYS regions.

OBJECTIVE D: IMPLEMENT GROUP HOME STUDY RECOMMENDATIONS

By July 1986, implement feasible non-fiscal recommendations of the Group Home Study and continue implementation of the fiscal recommendations.

OBJECTIVE E: ENHANCING REGIONAL OFFICE SERVICES

Beginning July 1986, and through July 1988, enhance Regional Office operations by acquiring additional resources, developing new and/or revised clinical practice guidelines, increasing staff development, and improving linkages with pre-placement prevention, family support and placement services for children.

OBJECTIVE F: RETIRED

OBJECTIVE G: UNIFIED SCHOOL DISTRICT ENHANCEMENT:

By 1987, refine all educational services provided to children and youth enrolled in Unified School District II from the process of enrollment through discharge.

OBJECTIVE H: SERVICES FOR OLDER ADOLESCENTS (previously Goal IV, Objective B)

By July 1987, increase the numbers of older adolescents able to successfully remain at home, or in a more community-based setting, by developing and funding a model program with a full continuum of closely linked, client-centered, intensive community based services including provision for specialized residential services for seriously acting out youth.

MASTER ROLLING PLAN IN BRIEF (cont'd)

GOAL III:

REHABILITATE AND REUNITE FAMILIES AS SOON AS POSSIBLE IF SEPARATION MUST OCCUR; WHEN REUNIFICATION IS NOT FEASIBLE, PROVIDE AN ALTERNATE, NURTURING FAMILY OR THE MOST FAMILY-LIKE CARE AVAILABLE WITH EMPHASIS ON THE CHILD'S AND YOUTH'S NEED FOR PERMANENCY.

OBJECTIVE A: RETIRED

OBJECTIVE B: COMPREHENSIVE APPROACH TO ADOPTION AND FOSTER CARE

By July 1987 implement approaches to recruit, license and maintain sufficient numbers and appropriate types of foster and adoptive homes with emphasis on meeting varied/individualized needs of children requiring such care including, by July 86, assessing and implementing improved approaches to placement practice and supports to foster and adoptive parents.

OBJECTIVE C: RETIRED

OBJECTIVE D: RETIRED

GOAL IV:

STRENGTHEN THE DEPARTMENT'S CAPACITY TO ASSIST YOUTH IN THEIR TRANSITION TOWARD AN INDEPENDENT AND PRODUCTIVE ADULT LIFE.

OBJECTIVE A: LIFE SKILLS SERVICES

January 1985 through June 1988, continue to develop a range of services for older adolescents in care designed to better prepare them for their transition toward an independent and productive adult life.

OBJECTIVE B: (see Goal II, Objective H on a previous page)

MASTER ROLLING PLAN IN BRIEF (cont'd)

GOAL V:

ENSURE THAT ALL DCYS DIRECT AND FUNDED SERVICES ARE OF HIGH QUALITY AND ARE MANAGED EFFECTIVELY.

OBJECTIVE A: CAPITAL FACILITIES PLAN PRIORITIES

By July 1, 1986, and every year thereafter, develop priorities for agency facility and capital needs.

OBJECTIVE B: LONG LANE SCHOOL FEASIBILITY STUDY

By Fall 1986, complete study for long term physical plant and related program changes at Long Lane School.

OBJECTIVE C: DEPARTMENTAL INFORMATION GATHERING AND STATISTICAL REPORTING SYSTEMS

By July 1, 1991, enhance the Department's planning, budgeting and management capacity by producing increased numbers of monitoring reports, program measures and statistics.

OBJECTIVE D: AGENCY DATA COLLECTION SYSTEM

By July 1, 1988 create a comprehensive data processing system to capture, manipulate and report out management information needed to monitor service-delivery, process payments, perform accounting functions, and forecast service levels.

OBJECTIVE E: INTERDEPARTMENTAL COORDINATION AND AGREEMENTS

1986-1991, provide for mechanisms to ensure and improve ongoing interagency coordination and agreement when responsibilities for children and youth cross agency lines, or where interagency decisions affect services.

OBJECTIVE F: RETIRED

OBJECTIVE G: VOLUNTEER SERVICES

By July 1, 1986 develop additional policy for volunteers and evaluate recently established Regional volunteer projects.

OBJECTIVE H: PERSONNEL MANAGEMENT SYSTEMS (PMS)

By 1991, secure resources to develop, automate and expand the current Management Tracking System as well as the following new systems: Automated Time and Attendance System; Applicant Tracking System; Grievance Disciplinary System and Longevity - Seniority System.

MASTER ROLLING PLAN 1986 - 1991
APPENDIX B

SUMMARY OF FISCAL INFORMATION

MASTER ROLLING PLAN 1986-1991
SUMMARY OF FISCAL INFORMATION

AGENCY EXPENDITURES

Annual agency expenditures, as provided to the Office of Policy and Management through annual budget submissions, are shown below:

<u>Fiscal Year</u>	<u>General Funds</u>	<u>Federal/ Private Contributions</u>	<u>Total</u>
1980-81	\$57,508,292	\$1,980,654	\$59,488,946
1981-82	58,384,125	5,847,003	64,231,128
1982-83	63,760,347	7,160,128	70,920,475
1983-84	70,059,356	6,617,684	76,677,040
1984-85	76,457,166	6,924,080	83,381,246
1985-86 (Est.)	85,198,275	8,222,454	93,420,729

Agency expenditures of general and federal funds for SFY '84, '85 and '86, according to the Continuum of Care Model, are presented in the table which follows.

An analysis of agency expenditures according to the Continuum of Care Model reveals that in SFY '84, '85 and '86 the vast majority of DCYS funds are expended in the direct services of Connecticut children and families. For SFY '85, 92.4% of the department's budget was expended on Levels I through IV of the Continuum, while the remaining 7.6% was expended on management services, separate from, but in support of Continuum of Care services.

In the 1984-85 budget, 58.8% of expenditures for Level IV services involved Substitute Care for children in placement out of their own homes. The second largest area of expenditure occurred for Level II Support Services, where 29.4% of the budget provided services for children and families in their communities. The remainder of the budget was expended for Level I, Youth and Community Development Services, (1.6%) and for Level III, Day Treatment Services (2.6%).

MASTER ROLLING PLAN 1986-1991
SUMMARY OF FISCAL INFORMATION

1983-84, 1984-85 and 1985-86 (ESTIMATED) DCYS BUDGET ALLOCATIONS
 BY CONTINUUM OF CARE LEVEL
 (ALL FUNDS)

LEVEL/SERVICES	1983-84 BUDGET (ACTUAL)	% OF TOTAL FOR SERVICES	1984-85 BUDGET (ACTUAL)	% OF TOTAL FOR SERVICES	1985-86 (EST.) BUDGET ALLOCATION	% OF TOTAL FOR SERVICES
LEVEL I: YOUTH AND COMMUNITY DEVELOPMENT SERVICES	1,145,410	1.5%	1,336,967	1.6%	1,406,240	1.5%
• YOUTH SERVICE BUREAUS ACU	798,241		894,747		933,248	
• COMMUNITY DEVELOPMENT	76,451		51,371		3,943	
• PRE-SCHOOL INTERVENTION	60,182		79,791		109,775	
• ECPORS	140,888		179,800		200,128	
• NETWORKER/PLANNER	66,648		121,943		159,146	
• MISCELLANEOUS	3,000		9,315		-0-	
LEVEL II: SUPPORT SERVICES	22,338,184	29.1%	24,551,253	29.4%	28,519,808	30.5%
• DCYS REGIONAL OFFICES & CARELINE	12,549,987		13,516,525		15,411,851	
• COMMUNITY CHILD PROTECTIVE SERVICES	1,440,737		1,769,442		2,428,551	
• ADOPTION SERVICES	2,170,182		2,379,962		2,873,333	
• COMMUNITY CHILD PSYCHIATRIC SERVICES	4,572,548		4,879,018		5,499,511	
• YSB - DIRECT SERVICES	407,670		588,764		610,852	
• PERMANENT FAMILY RESIDENCE	304,990		318,776		337,902	
• COMMUNITY LIVING	892,070		1,098,766		1,357,808	
• MISCELLANEOUS	-0-		-0-		-0-	
LEVEL III: SUPPLEMENTARY SERVICES	1,993,590	2.6%	2,195,637	2.6%	2,383,930	2.6%
• PARTIAL HOSPITALIZATION/DAY TREATMENT	1,410,151		1,399,726		1,470,933	
• PRIVATE FACILITY DAY TREATMENT	380,721		483,218		512,211	
• EXTENDED DAY TREATMENT	202,718		312,693		400,786	
LEVEL IV: SUBSTITUTE SERVICES	45,505,254	59.4%	48,995,469	58.8%	54,626,474	58.5%
• FOSTER FAMILY CARE	7,192,528		7,684,139		9,602,242	
• PRIVATE FACILITIES	17,571,840		18,725,444		20,357,272	
• DCYS INSTITUTIONS	20,740,886		22,585,886		24,666,958	
LEVEL V: MANAGEMENT	5,694,802	7.4%	6,301,920	7.6%	6,484,279	6.9%
GRAND TOTALS: LEVELS I - V	76,677,040		83,381,246		93,420,729	

MASTER ROLLING PLAN 1986-1991
SUMMARY OF FISCAL INFORMATION

SUMMARY OF FISCAL PRIORITIES

In keeping with gubernatorial directives, the Department has submitted both a program budget request for SFY '87 and a listing of additional items for which state funding is requested. The program budget request includes funding sufficient to maintain state general fund services as outlined in the table on the previous page. The listing of additional items includes funding requests to:

- . Continue previous years efforts to increase level of support to foster families (Department Budget Option #1) and to increase the availability of specialized foster care (Department Budget Option #8)
- . Continue the second phase of increasing Regional Office Protective Services capacity and to improve caseload sizes (Department Budget Option #2)
- . Maintain fire and safety standards at institutions and facilities (Department Budget Option #3)
- . Increase management effectiveness and efficiency, to meet mandates and permit increased program data and information (Department Budget Options #4 and 12)
- . Continue an effort to revitalize group home programs (Department Budget Option #5)
- . Enhance and expand the network of community based preventive, supportive, and supplementary services to further ensure maintenance of children and youth, whenever possible, in their own homes and communities (Department Budget Options #6, 7, 9, 11 and 14)
- . Implement fully the Single-Cost Accounting System, a system that will allow payments to residential facilities to more closely reflect actual cost of care (Department Budget Option #10)
- . Secure equipment considered essential to delivery of quality services (Department Budget Option #13)
- . Maintain critical programs, currently funded by federal sources, with stable state funds and permit the use of federal funds as intended for testing of innovative models and program development (Department Budget Option #15)

For additional information on Department Budget Expansion Requests for SFY '87, see the Resources Needed Sections in Work Plans of Objectives.

MASTER ROLLING PLAN 1986 - 1991
APPENDIX C

SUMMARY OF DATA ON CHILDREN SERVED
BY DEPARTMENT OPERATED AND FUNDED PROGRAMS

MASTER ROLLING PLAN 1986-1991

SUMMARY OF DATA ON CHILDREN SERVED

The Department of Children and Youth Services uses several sources of information to compile data on the children, youth and families it serves. For children served through DCYS regional offices, institutions and facilities, data is available through the automated Case Management System (CMS), the Vendor Payment System (VPS) and the Institutional Case Reporting System (ICRS). Data is also available from the Care Line Reporting System, and the Psychiatric Hospital Reporting System. In addition information is available from the Diverted Youth Reporting System and the Temporary Emergency Shelter Reporting System, parts of a developing Community Reporting System a component of a developing Grants Management System.

For children who receive services through the DCYS Grant-in-Aid programs (youth service bureaus, child guidance clinics, the Eastern Connecticut Parent Child Resource System, extended day treatment programs, child protection programs, juvenile diversion programs), and the Wilderness School, data is reported to the Department by each grantee or program. An automated data system for these grants-in-aid programs is partially completed. Other agencies receiving grant or contract funds report quarterly to the Department.

In this section, data is presented according to the Department's Continuum-of-Care levels and has primarily been obtained from the Department's Program Measures document.

In general, aggregate data is presented for a year period. However, for some categories of information, data is also presented in the form of an "average daily caseload". This number depicts the average number of cases receiving service on any given day and provides a better indicator of daily workload than do aggregate figures for the total year.

NOTE: Where possible, data is presented for a 3 year period, SFY'83 - '84 and '85. Where the data base has been modified over this period, however, data is presented for fewer years. The data presented is for comparison use only and readers are cautioned not to interpret trends from this information.

SFY includes the period July, 1 - June, 30

MASTER ROLLING PLAN 1986-1991

**DEPARTMENT OF CHILDREN AND YOUTH SERVICES
Level I - Youth and Community Development
Sub-Program - Youth and Community Development**

<u>Measure, Definition & Explanation</u>	<u>FY 83</u>	<u>FY 84</u>	<u>FY 85</u>
--	--------------	--------------	--------------

The Annual Number of Children Served in Early Intervention Programs (Community Preventive Services)	---	---	96
--	-----	-----	----

The annual number of children served in pre-school intervention projects whose services include parent education, classroom activities to build family socialization skills and ongoing family consultation after completion of the program. Included in the program is a system of peer education and support. Children range in age from 0-6 years old. This is a new measure for FY 85 and includes data from the Preschool Intervention Project in Bloomfield and the Early Intervention Project at Connecticut College.

DEPARTMENT OF CHILDREN AND YOUTH SERVICES

**Level II - Support Services
Sub-Program - Children's and Protective Services**

<u>Measure, Definition & Explanation</u>	<u>FY 83</u>	<u>FY 84</u>	<u>FY 85</u>
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Number of Child Abuse and Neglect Referrals (Annual)	8,862	10,031	11,118
---	-------	--------	--------

The total number of protective service referrals received by the Department's twelve Children's & protective Services offices and Careline during the past fiscal year. The actual categories included abuse, neglect, sexual abuse, incest, at risk and child abuse fatality. Note: The figures may include multiple referrals on the same case. These figures do not include referrals for other department programs such as the unwed pregnancy and non-committed treatment programs.

Number of Mandated Investigations

The total number of protective service referrals which met the administrative criteria for a child abuse/neglect referral and were actually investigated by Protective Services staff. The mandated investigations are an unduplicated count of all investigations conducted by Protective Services staff.	7,450	8,252	10,034
---	-------	-------	--------

MASTER ROLLING PLAN 1986-1991

**DEPARTMENT OF CHILDREN AND YOUTH SERVICES
Level II - Support Services
Sub-Program - Children's and Protective Services**

<u>Measure, Definition & Explanation</u>	<u>FY 83</u>	<u>FY 84</u>	<u>FY 85</u>
Average Number of Family Cases Served Daily	5,997	6,294	5,822
The average number of open family cases served daily by the Children's & Protective Service Division regardless of the number of family members. Family cases either consist of a child or children who remain in their own homes while receiving services or of parents receiving services while their child is in placement.			
Number of Individual Cases Closed* (Annual)	-----	2,427	2,912
The total number of individual child cases closed during the past state fiscal year. The reasons range from children returned home to children reaching their age of majority and being returned to their community. *The measure was expanded to include all individual cases discharged during FY 84, not just those returned to their home or community.			
Number of Family Cases Closed Without the Child's Removal From Home (Annual)	5,621	7,112	7,908
The total number of family cases closed throughout the state fiscal year who received community and/or support services from or through the Division of Children & Protective Services. These families were at risk of abuse or neglect and, due to preventive, support or supplementary services, they were successfully served within their communities.			

MASTER ROLLING PLAN 1986-1991

**DEPARTMENT OF CHILDREN AND YOUTH SERVICES
Level II - Support Services
Sub-Program - Community Living**

<u>Measure, Definition & Explanation</u>	<u>FY 83</u>	<u>FY 84</u>	<u>FY 85</u>
Number of Youth Served by the Wilderness School (Annual)	577	600	625

The total number of youth who participated in the DCYS Wilderness School's programs.

Number of Youth Served by Juvenile Diversion Projects (Annual)	67	67	376
---	----	----	-----

The annual number of youth served by the Connecticut Junior Republic's Diversion project, Hartford Street Project and New Directions. The youth are high risk juveniles who would probably be institutionalized if they were not participating in this project. The increase in these figures is due to increase from one program in 1983 to three programs in 1985.

Average Number of Youth Under the Supervision of Aftercare (Monthly)	702	528	474
---	-----	-----	-----

The average number of adjudicated delinquents supervised each month by Long Lane Aftercare. These youth are placed at home, in group homes, and residential care facilities throughout the state.

Average Number of Youth in Independent Living Situations (Monthly)	107	84	87
---	-----	----	----

The average number of youth supervised by DCYS Protective Services each month in a community living situation. Youth in late adolescence are placed in community living arrangements to prepare them to live independently and responsibly.

MASTER ROLLING PLAN 1986-1991**DEPARTMENT OF CHILDREN AND YOUTH SERVICES****Level II - Support Services****Sub-Program - Community Child Protective Services**

<u>Measure, Definition & Explanation</u>	<u>FY 83</u>	<u>FY 84</u>	<u>FY 85</u>
Number of Cases Reviewed by Child Protective Case Consultation Teams (Annual)	500	510	543

The number of cases referred to and reviewed by the community case consultation teams. These teams consist of professionals and community participants who work with staff from the 12 DCYS regional Children's and Protective Services offices.

Number of Families Served by Parent Aides (Annual)	450	450	657
---	-----	-----	-----

The number of families served by a parent aide intervening at a time of crisis or extreme stress which would normally result in the removal of the children. Such services include training in parenting skills and appropriate parent/child interaction.

Number of Parents Anonymous Chapters	37	30	32
---	----	----	----

The number of Parents Anonymous chapters operating in Connecticut. These self-help groups provide a non-threatening and peer resource which assists parents during times of stress and provide group support and reduce feelings of isolation.

Families Served by Parents Anonymous (Annual)	925	925	950
--	-----	-----	-----

The number of families who receive information, referral, counseling and family stress reduction services through the Parents Anonymous chapters.

Number of Children Receiving Child Care Services (Annual)	90	90	250
--	----	----	-----

The number of children protected by supplementary day care services. Such services provide respite and therapeutic care for children and relieve the stress and tension of high risk parents.

This measure does not include day care services provided by DHR and services provided with no cost to DCYS.

MASTER ROLLING PLAN 1986-1991**DEPARTMENT OF CHILDREN AND YOUTH SERVICES****Level II - Support Services****Sub-Program - Adoption Services**

<u>Measure, Definition & Explanation</u>	<u>FY 83</u>	<u>FY 84</u>	<u>FY 85</u>
Adoptions Finalized for Children for Whom DCYS is Statutory Parent (Annual) The adoption figures for SFY '85 represent 69 children who were adopted by their foster parents and 96 children who were adopted by non-related families other than foster parents.	<u>151</u>	<u>140</u>	<u>165</u>
Investigations Completed by DCYS for Stepparent and Relative adoption (Annual) A total of 252 Probate Court requests for investigations were processed by DCYS Regional Offices.	---	---	252
Interstate Adoption Activities (Annual) Includes non-related adoptions where out-of-state agencies filed on behalf of DCYS, non-related adoptions where DCYS filed on behalf of out-of-state agencies, and non-related adoptions filed by out-of-state agencies.	---	---	11
Adoption Services Purchased from Connecticut Private Agencies (Annual) DCYS purchases adoption services from private agencies. These service resulted in the adoption of 18 children.	---	---	18
Number of children in subsidized adoption (Monthly) An adoption which involves a child under the care of D.C.Y.S. and the adoptive family receives a subsidy for medical and/or financial reasons.	800	890	1029

MASTER ROLLING PLAN 1986-1991

DEPARTMENT OF CHILDREN AND YOUTH SERVICES

Level II - Support Services

Sub-Program - Community Child Psychiatric Services

Measure, Definition & Explanation

FY 83

FY 84

FY 85

Number of Children/Youth Receiving Individual or Group Therapy from Child Guidance clinics and Community Emergency Psychiatric Services (Annual)

14,084

15,345

14,362

The total number of children/youth receiving mental health services in one of twenty-four community child guidance clinics and two community emergency psychiatric programs. Such clients exhibit emotional disturbance, behavior disorders, school phobia, substance abuse, among other clinical dysfunctions.

Crisis Unit - Bridgeport - Average Daily Census

25

25

15

The average daily census of children/youth served at the DCYS Greater Bridgeport Children's Service Center. These cases receive emergency/crisis intervention services and/or evaluation services.

Crisis Unit - Bridgeport - Number of Children/Youth Served (Annual)

325

360

224

The number of children/youth served refers to the total number served in the Crisis Unit in a fiscal year. This number includes these children who received only evaluation services.

MASTER ROLLING PLAN 1986-1991

**DEPARTMENT OF CHILDREN AND YOUTH SERVICES
Level II - Support Services
Sub-Program - Youth Service Bureaus - Counseling**

<u>Measure, Definition & Explanation</u>	<u>FY 83</u>	<u>FY 84</u>	<u>FY 85</u>
Number of Children and Youth Diverted (Annual)	2,300	2,680	3,056

The total number of diversions from the juvenile justice system by sixty five youth service bureaus. All such youth received one or more individual services such as individual, group or family counseling, employment or vocational counseling.

Number of Children and Youth Receiving Counseling	---	12,434	13,477
--	-----	--------	--------

The total number of children/youth who had direct contact with Youth Service Bureau counselors. Usually crisis intervention or consultation was the primary modality of service.

Number of Programs Offered in Cooperation with Local Public Schools (Annual)	---	---	75
---	-----	-----	----

The total number of joint recreational, vocational and counseling programs operated by YSB and the local school district.

**Level II - Support Services
Sub-Program - Permanent Foster Family Homes (Residence)**

Average Number of Children in Care (Monthly)	31	34	34
---	----	----	----

The average number of children in a Permanent Foster Family Home each month. These programs provide a homelike setting in the community for children who have severe physical and emotional problems. The children cannot remain with their natural parents and adoption is an unlikely possibility.

MASTER ROLLING PLAN 1986-1991

DEPARTMENT OF CHILDREN AND YOUTH SERVICES

Level III - Supplementary Services

Sub-Program - Private Day Treatment Programs

<u>Measure, Definition & Explanation</u>	<u>FY 83</u>	<u>FY 84</u>	<u>FY 85</u>
Average Number of Children in Day Treatment (Monthly)	191	170	148

The day treatment program is provided in community and educational settings. Children and youth in this program would ordinarily have to be placed in an out-of-home residential or institutional setting.

Level III - Supplementary Services

Sub-Program - Department of Children and Youth Services

Operated Programs - Institutions and
Facilities and DCYS Unified School District

(Please see the next section Level IV Institutions and Facilities for Day Treatment figures.)

MASTER ROLLING PLAN 1986-1991

**DEPARTMENT OF CHILDREN AND YOUTH SERVICES
Level IV - Substitute Services**

In 1985, during the month of June, of the 4,241 children and youth in Level IV out-of-home placement, the following numbers and percentages apply by placement category:

(Source - Monthly Detail Report Statewide - June '85)

	<u>Number</u>	<u>Percentage</u>
Relative Home	508	12%
Poster Home	1,859	44%
Emergency Temporary Shelter (includes Private (51) and State (13))	64	2%
Group Home	155	4%
Institutional/Residential Includes - Private (1,064) and State (309)	1,373	32%
Independent Living	95	2%
Other	187	4%
TOTAL	<u>4,241</u>	<u>100%</u>

During June, 1985, 676 children and youth were receiving Level II - Support Services in their own homes while 92 were in a non-subsidized adoptive home and 1,047 were in subsidized adoptive homes.

MASTER ROLLING PLAN 1986-1991

DEPARTMENT OF CHILDREN AND YOUTH SERVICES

Level IV - Substitute Services

Sub-Program - Foster Family Care

Measure, Definition & Explanation

FY 83

FY 84

FY 85

Average Daily Census

2,054

1,967

1,893

The number of individual children in placement with foster families each month. Foster families provide a unique family setting for abused/neglected and abandoned children/youth.

Number of Children Returned Home (Annual)

839

756

903

The total number of children returned to their parent or guardian from a foster family placement during the past fiscal year.

Level IV - Substitute Services

Sub-Program - Private Facilities

Average Daily Census Temporary Shelters

64

43

55

The average number of youths placed and served each month in community based shelters. The State Receiving Home is not counted in the measure for FY '84 and '85. Such services have a crisis, emergency and short term orientation by design. Care includes counseling, education and an interim living arrangement.

Average Length of Stay - Temporary Shelters (Days)

18

19

17

The average length of stay may vary due to the individual needs of the youth as well as the availability of alternative services or placement resources. The national criteria for length of placement in temporary shelters for runaways is fifteen days. The DCYS policy on shelter length of stay is a maximum of thirty days.

Children Leaving Temporary Shelter Care (Annual)

1161

The number of youth who have been placed, served or discharged from temporary shelter care during the past fiscal year.

MASTER ROLLING PLAN 1986-1991

**DEPARTMENT OF CHILDREN AND YOUTH SERVICES
Level IV - Substitute Services
Sub-Program - Private Facilities**

<u>Measure, Definition & Explanation</u>	<u>FY 83</u>	<u>FY 84</u>	<u>FY 85</u>
Average Daily Census Group Homes	215	146	142

The average number of youth placed in community based group homes to receive counseling, education and recreation services.

Average Length of Stay - Group Homes (Months)	11	6	6
--	----	---	---

Children Leaving Group Home - Care (Annual)	467	281	288
--	-----	-----	-----

Average Daily Residential Census Private Facilities	1,017	1,062	1,067
--	-------	-------	-------

The total number of individual children served during an average month in private residential facilities. These children are placed according to their specific needs and the facilities' level of services.

Average Length of Stay (Months) Private Residential Facilities	14	14	14
---	----	----	----

The total number of months all children were placed in residential facilities divided by the number of children served during the past fiscal year.

Children Discharged from Residential Care (Annual)	459	910	954
---	-----	-----	-----

The total number of children who were discharged from residential facilities during the fiscal year.

MASTER ROLLING PLAN 1986-1991

DEPARTMENT OF CHILDREN AND YOUTH SERVICES

Level IV SUBSTITUTE SERVICES/Level III SUPPLEMENTARY SERVICES

DCYS Operated Institutions

(Items marked with a * represent Day Treatment figures)

Institution	Referrals			Admissions			Average Daily Census		
	SPY'83	SPY'84	SPY'85	SPY'83	SPY'84	SPY'85	SPY'83	SPY'84	SPY'85
RiverView Hospital for Children (Psychiatric services for children 6-14 years)	300	275	325	134	129	140	46	53	50
RiverView Partial * Hospitalization	11	6	9	5	7	6	5	5	8
Henry D. Altobello Children and Youth Center (Psychiatric services for adolescents 14-18 years)	547	555	590	243	269	227	45	45	47
Housatonic Adolescent Hospital (Psychiatric services for adolescents 14-18 years)	335	270	265	93	87	90	27	29	30
High Meadows (Residential treatment for children 6-15 years)	179	202 (includes Day Treatment)	182	29	29	29	52	53	49
High Meadows Day * Treatment	64	(see note above)		15	12	10	19	19	14
Long Lane School (Adjudicated Delinquents)	277	279	281	277	279	281	116	122	131
State Receiving and Study Home (Emergency shelter and diagnostic services for children 6-15 years)	823	648	664	180	175	177	45	48	48
Greater Bridgeport * Children's Services Center (Day Treatment)	46	39	54	26	16	22	34	32	28
GBOCSC (Crisis Out-Patient services for children 2-17 years)	325	360	—	325	360	224	25 (monthly)	5 (daily)	15 (daily)
TOTAL	2,907	2,634	2,370	1,327	1,363	1,206			

MASTER ROLLING PLAN 1986-1991**DEPARTMENT OF CHILDREN AND YOUTH SERVICES****Level IV Substitute Services/ Level III Supplementary Services****Sub Program - Unified School District II**

(items marked with a * represent Day Treatment figures)

<u>Measures Definition and Explanation</u>	<u>FY'84</u>	<u>FY'85</u>
Number of Children enrolled in the Unified School District II (annual)		
DCYS Operated Facilities:		
RiverView	129	140
* RiverView Day Treatment	7	6
Altobello	--	--
Housatonic	--	89
High Meadows	37	19
* High Meadows Day Treatment	12	10
Long Lane	279	281
State Receiving Home	175	177
Greater Bridgeport Childrens Services (Day Treatment)	--	22
Private Facilities	148	100
Number of Planning and Placement Team conferences conducted and Individual Educational Plans developed by Unified School District II (annual)		
DCYS Operated Facilities:		
RiverView	88	77
Altobello	44	33
Housatonic	48	38
High Meadows	35	29
* High Meadows Day Treatment	22	16
Long Lane	201	219
State Receiving Home	56	40
Greater Bridgeport Childrens Services (day treatment only)	45	42
Private Facilities	139	154

**MASTER ROLLING PLAN 1986-1991
SUMMARY OF DATA ON CHILDREN SERVED**

INTERSTATE COMPACTS

The Interstate Compacts office serviced 4,015 children during SFY'85. This compares with 2,915 children served during SFY'83 and 3,084 served during SFY '84. Of the children served during SFY'85:

- . 906 were served through the Interstate Compact on Juveniles (return of runaways, escapees and absconders and supervision of delinquents on probation and parole).
- . 50 through the Interstate Compact on Mental Health for Children and Youth.
- . 3,109 through the Interstate Compact on the Placement of Children (adoptive, foster care, relative and child caring placements and supervision).
- . 30 through the unaccompanied refugee minors program under contract with the Lutheran Service Association of New England.

In most cases these figures have been represented within the levels of care on the previous pages of the data section.

MASTER ROLLING PLAN 1986 - 1991
APPENDIX D

REGIONAL MAPS WITH SERVICE LOCATIONS

AND

LISTING OF SERVICES BY REGIONS

INCLUDES DCYS OPERATED, FUNDED AND LICENSED SERVICES

**MASTER ROLLING PLAN 1986-1991
LISTING OF SERVICES BY REGION**

Listing of Services: Services provided in each region, either directly by the department or by agencies receiving DCYS funds, are identified by region and town. The listing corresponds with the maps provided in Section I of this plan. The following key identified symbols used in the listing:

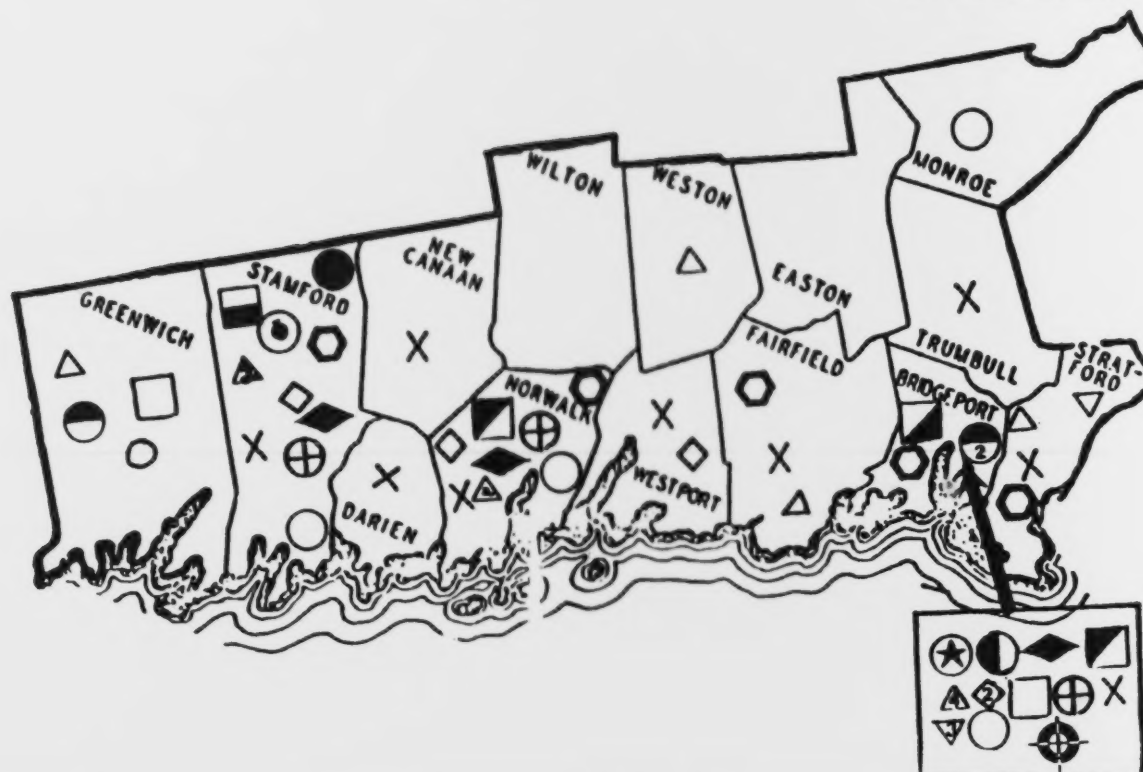
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|--|---|
|  DCYS Central Office |  Licensed Child Placing Agency |
|  DCYS Regional Office |  Licensed Group Home |
|  DCYS Regional Sub-office |  Licensed Residential Facility |
|  DCYS Mental Health Unit |  Parent Aide Programs |
|  Child Abuse Awareness in the Schools Project |  Parents Anonymous
1-800-842-2288 |
|  Child Guidance Clinic |  Parent Support Program |
|  Child Protection Team |  Perinatal Support Program |
|  Community Development |  Permanent Family Residence |
|  Community Emergency Services |  Residential Education Institution |
|  Day Treatment Program |  Sexual Abuse Team |
|  Emergency Child Care |  Sexual Abuse Treatment Program |
|  Emergency Psychiatric Unit |  Specialized Foster Care |
|  Emergency Shelter |  Therapeutic Day Care |
|  Host/Foster Home Shelters |  Youth Mediation |
|  Juvenile Diversion |  Youth Service Bureau |

CARELINE - 1-800-842-2288

CENTRAL RECISTRY - 1-800-842-7352

MASTER ROLLING PLAN 1986-1991
REGIONAL MAPS OF SERVICE LOCATIONS
REGION I: SOUTH WESTERN

- | | |
|--|-------------------------------------|
| ★ DCYS Central Office | △ Licensed Child Placing Agency |
| ⊙ DCYS Regional Office | ◇ Licensed Group Home |
| ⊙ DCYS Regional Sub-office | ▽ Licensed Residential Facility |
| ● DCYS Mental Health Unit | ◆ Parent Aide Programs |
| ○ Child Abuse Awareness in the Schools Project | ● Parents Anonymous 1-800-842-2288 |
| ⊙ Child Guidance Clinic | ⊕ Parent Support Program |
| ⊕ Child Protection Team | ● Perinatal Support Program |
| ⊙ Community Development | * Permanent Family Residence |
| ⊗ Community Emergency Services | ⊙ Residential Education Institution |
| ▣ Day Treatment Program | ⊙ Sexual Abuse Team |
| △ Emergency Child Care | ☆ Sexual Abuse Treatment Program |
| ▣ Emergency Psychiatric Unit | ⊙ Specialized Foster Care |
| □ Emergency Shelter | — Therapeutic Day Care |
| ⋮ Host/Poster Home Shelters | ▣ Youth Mediation |
| ▣ Juvenile Diversion | X Youth Service Bureau |



MASTER ROLLING PLAN 1986-1991
LISTING OF SERVICES REGION I

Bridgeport:

	DCYS Reg. Office, 1115 Main St. 06604	579-6150
	Bridgeport Academy, 850 Norman St., 06604	335-5252
  	Gtr. Bridgeport Children Services Center, 1450 Barnum Avenue 06610	579-6164 or 579-6298
 	Child Guidance Clinic of Greater Bridgeport, 1081 Iranistan Avenue 06604	367-5361
	(The) Casey Family Program East, 2710 North Ave. Suite 201, 06606	334-6991
	Catholic Charities of Diocese of Bridgeport, 238 Jewett Avenue 06606	372-4301
	Hall Neighborhood House, Inc. 52 Green Street 06608	334-3900
	Jewish Family Svcs., 2370 Park Ave. 06604	366-5438
	Aequus House, 1108 Fairfield Avenue 06605	334-3900 or 334-4107
	Tori House, YMCA of Greater Bridgeport, 651 State Street 06604	334-5551
	Janus House, Council of Churches of Gtr. Bridgeport, 3030 Park Avenue 06604	374-9471
	Dept. of Youth Services, 45 Lyon Terrace, Room 223, City Hall 06604	576-7346
  	Greater Bridgeport Child Protection Team, YWCA, 753 Fairfield Avenue 06604	334-6154
	Child Guidance Clinic of Greater Bpt., Branch Office, 430 Barnum Avenue 06608	368-3306
	University School, 29-31 Sherwood Ave. 06605	336-6684
	Quaezar, Inc., 2403 North Avenue 06604	333-6105
	Quaezar, Inc., 809 Washington Avenue 06604	333-1291
	Quaezar, Inc., 335 Noble Avenue 06608	366-7956
	Quaezar, Inc., 485 Laurel Ave. 06608	335-1776 or 334-1980

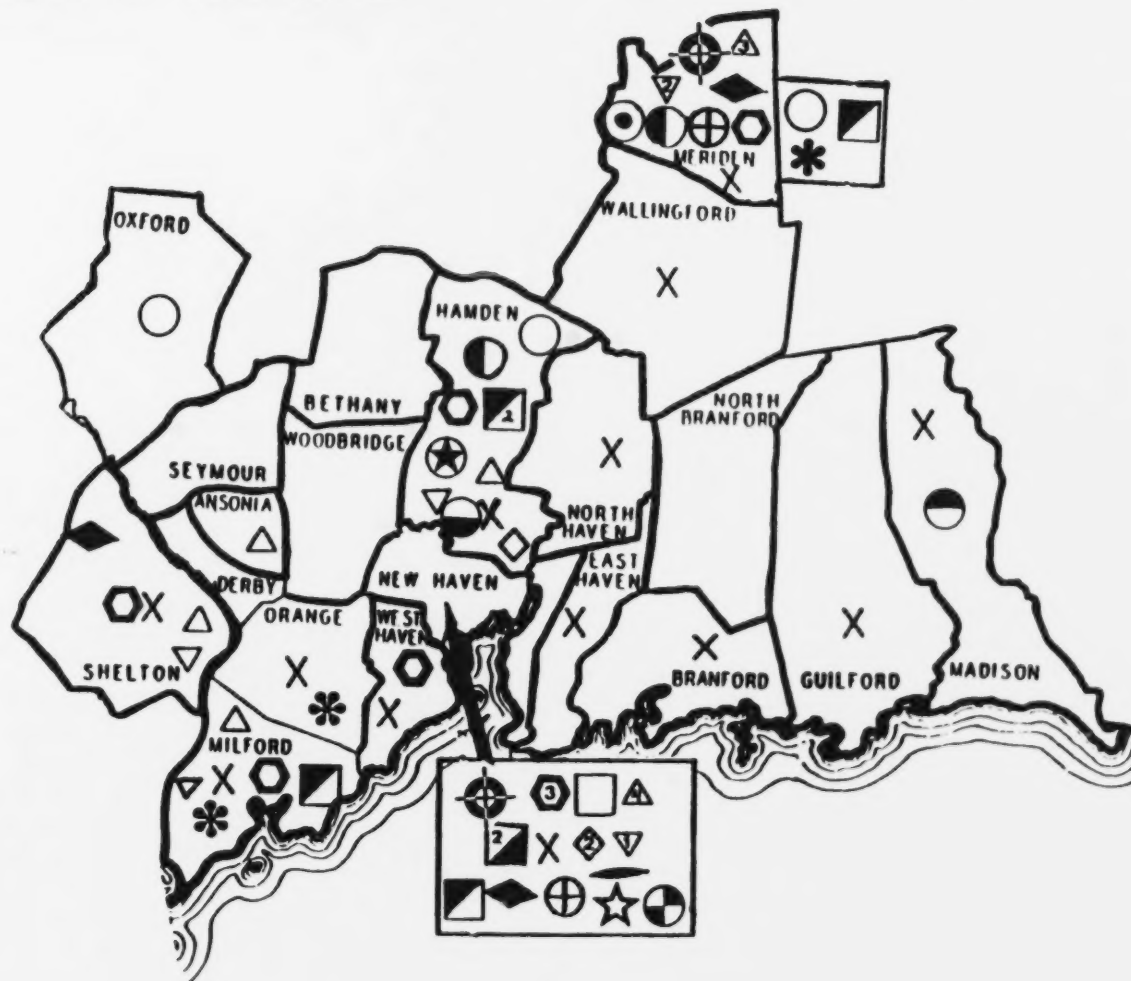
MASTER ROLLING PLAN 1986-1991
LISTING OF SERVICES REGION I
 (continued)

Darien:	✕ (see- New Canaan)	
Easton:	✕ (Covered by Danbury Area Youth Service System, 177 Main Street, Danbury 06810)	748-1249
Fairfield:	⬢ Child Guidance Clinic of Greater Bpt., Branch Office, 148 Beach Rd. 06430	255-2631
	✕ Fairfield Community Services 50 Nichols Street 06430	255-5777
	△ Professional Counseling Center, One Eliot Place 06430	259-5300
Greenwich:	△ Greenwich Department of Social Services, 101 Field Point Rd. 068930	622-7808
	○ Program Coordinated by DCYS Sub-regional office staff - See Stamford	348-5865
	□ Youth Shelter, Inc. 105 Prospect St., 06830	661-2599
	◐ Eagle Hill School, 45 Glenville Rd. 06830	622-9240
Monroe:	○ Program Coordinated by DCYS Regional office staff - See Bridgeport	579-6150
New Canaan:	✕ Youth Options, 156 South Avenue 06840	972-0154
Norwalk:	⬢ Mid-Fairfield Child Guidance Center, 74 Newtown Avenue 06851	847-3891
	○⊕ Coalition for Children & Youth, Church on the Green, Box 2151 06852	846- 388
	△ Catholic Charities of Diocese of Bridgeport, 3 Main Street 06851	838-2316
	△◆ Family & Children's Aid of Greater Norwalk, 138 Main Street 06851	846-4203
	▣ Vitam Center, Inc. 57 West Rocks Road 06852	846-2091
	◇ Vitam Re-entry Home, 23 France Street 06851	846-3217
	✕ Department of Youth Services, City Hall Annex, Roger Square, East Norwalk, 06082	854-7785

MASTER ROLLING PLAN 1986-1991
LISTING OF SERVICES REGION I
(continued)

Stamford:	⊙ DCYS Regional Sub-Office, 1642 Bedford Street 06905	357-8144
	⬡ Child Guidance Center of Southern Connecticut, Inc. 103 West Broad Street 06902	324-6127
	△ Catholic Charities of Diocese of Bridgeport, 15 Bank Street 06901	323-1105
	△ ◆ Family & Children's Services, 60 Palmer's Hill Road 06902	324-3167
	◇ Domus Foundation, 225 Washington Blvd. 06902	324-4458
	■ × S.Y.P.C.A., P.O. Box 10152, 06904-2152	965-5779
	● ⊕ Stamford Community Child Protection Team, Stamford Hospital Box 9317 06904-9317	325-7447
	○ Stamford Schools, 191 Hillandale Ave. 06902	358-4123
Stratford:	× Stratford Community Services 2730 Main St. 06497	385-4095
	△ International Adoptions, Inc., 96 Chapel Street 06497	377-7927
	⬡ Child Guidance Clinic of Greater Bpt., Branch Office, 150 Church Street 06497	378-1654
	▽ Elizabeth O'Hara Walsh School, Quaezar, Inc., 5344 Main Street 06450	375-5047
Trumbull:	× Trumbull Counseling Center, 121 Old Mine Road 06611	261-5110
Weston:	△ The Family Life Center, 79 Birch Hill 06833	222-1468
Westport:	× Youth-Adult Council, 45 Jessup Rd. 06880	226-8311
	◇ Mohonk House, 66 Weston Road 06880	226-6665

MASTER ROLLING PLAN 1986-1991
REGIONAL MAPS OF SERVICE LOCATIONS
REGION II: SOUTH CENTRAL



- ★ DCYS Central Office
- ★ DCYS Regional Office
- DCYS Regional Sub-office
- DCYS Mental Health Unit
- Child Abuse Awareness in the Schools Project
- ⬢ Child Guidance Clinic
- ⊕ Child Protection Team
- Community Development
- ⊠ Community Emergency Services
- ▣ Day Treatment Program
- △ Emergency Child Care
- ▣ Emergency Psychiatric Unit
- Emergency Shelter
- ⌋ Host/Poster Home Shelters
- ▣ Juvenile Diversion
- △ Licensed Child Placing Agency
- ◇ Licensed Group Home
- ▽ Licensed Residential Facility
- ◆ Parent Aide Programs
- Parents Anonymous
1-800-842-2288
- ⊕ Parent Support Program
- Perinatal Support Program
- * Permanent Family Residence
- Residential Education Institution
- ⊕ Sexual Abuse Team
- ★ Sexual Abuse Treatment Program
- Specialized Foster Care
- Therapeutic Day Care
- ▣ Youth Mediation
- X Youth Service Bureau

MASTER ROLLING PLAN 1986-1991
LISTING OF SERVICES REGION II

Ansonia:	△ Catholic Charities/Catholic Family Services Ansonia/Derby District Office 350 East Main Street, P.O. Box 364 06401	735-6473
	× ⊗ ⊕ (See Shelton)	
Branford:	× Branford Counseling Center, 33 Laurel Street 06405	481-4248
Derby:	× ⊗ ⊕ (See Shelton)	
East Haven:	× Human Services Administration, 564 Thompson Avenue 06512	468-3297
Guilford:	× Guilford Youth Services, 55 Park Street, 06437	453-2763
Hamden:	★ DCYS Regional Office, 2105 State St. 06511	786-0600
	○ Program Coordinated by DCYS Regional office staff covering the towns of: Madison, Milford Seymour, New Haven, Shelton.	786-0600
	◇ ▣ ⊕ High Meadows, 825 Hartford Turnpike 06517	281-8300
	⊗ Hamden Mental Health Services, 60 Putnam Avenue 06517	288-6253
	▽ △ ⊕ ▣ Children's Center, 1400 Whitney Avenue 06517	248-2116
	× Hamden Youth Services Bureau, 490 Newhall St. 06518	865-3410
Madison:	× Madison Youth Services Bureau, 582 Boston Post Road 06443	245-8219
	⊗ Grove School, Box 646, 175 Copse RD, 06443	245-2778
Meriden:	○ ⊗ DCYS Regional Sub-Office (Meriden-Wallingford), Undercliff Road 06450	738-6185
	⊗ Henry D. Altobello Children & Youth Center, Undercliff Road 06450	238-6400
	⊗ Child Guidance Clinic for Central Connecticut, 117 Lincoln Street 06450	235-5767
	▽ △ ▣ Curtis Home, 380 Crown Street 06450	237-9526

MASTER ROLLING PLAN 1986-1991
LISTING OF SERVICES REGION II
 (continued)

Meriden:
 (Cont)

- △ Catholic Charities/Catholic Family Services
 of Meriden, District Office
 220 Colony Street, 06450 235-2507
- △ Franciscan Family Care Center, 267 Finch
 Avenue, P.O. Box 417 06450 237-8084
- ✕ Department of Human Services, Youth Service
 Bureau, 165 Miller Street 06450 634-0003
- ◆ ⊕ Coordinated Crisis Intervention Program,
 257 West Main Street 06450 235-2815
- ▽ Lincoln/Meriden House, CREC, 54 Lincoln St.
 06450 235-7115
- * High Hopes Inc. 44 Woodland Terrace, 06450 238-0189

Milford:

- △ Catholic Charities/Catholic Family Services,
 Inc. Milford District Office 203 High Street
 06460 874-6270
- * Kathy and William Lutz, 44 Carrington Ave.
 06450 877-3805
- ⬡ Milford Mental Health Clinic,
 949 Bridgeport Avenue 06460 878-6365
- ▽ ▣ Boys' Village, 528 Wheelers Farms Road 06463 877-0309
- ✕ Human Resources Development Agency,
 1 Polizza Plaza 06460 783-3200

New Haven:

- ☆ ⬡ Clifford Beers Guidance Clinic,
 93 Edwards Street, 06511 772-1270
- ▣ Children's Psych. Emergency Services,
 1401 Chapel Street 06511 772-1270 or
 789-3750
- ▣ Adolescent Crisis Unit for Treatment and
 Evaluation, 1401 Chapel Street 06511 789-3252
- ⬡ Hill Health Corporation,
 400-428 Columbus Avenue 06519 432-4765
- ⬡ Yale University Child Study Center,
 333 Cedar Street 06510 436-8220
- ▣ Douglas House, 559 Howard Avenue 06510 777-3382

MASTER ROLLING PLAN 1986-1991
LISTING OF SERVICES REGION II
(continued)

New Haven:
(Cont)

- △ Catholic Charities/Catholic Family Services
 New Haven District Office 478 Orange
 Street 06502 787-2207
- △ Jewish Family Service of New Haven,
 152 Temple Street, Room 318 06510 777-6641
- △ ▣ Highland Heights, 651 Prospect Street 06505 777-5513
- ◇ Forbes House, 141 Valley Street 06511 389-4441
- ◇ UNO House, 888 Winchester Avenue 06511 787-0185
- × Human Services Administration, Youth Service
 Bureau, 1 State Street, 1st Floor, 06510 787-6085
- ⊕ Coordinating Committee for Children in
 Crisis, 70-72 Whitney Ave. 624-2600
- Community Consultation Board, 19 Howe Street 789-7645
- ⊕ Infant/Toddler Care for Children of
 Adolescent Parents, New Haven Public
 Schools, 70-72 Whitney Avenue 787-8758

North Haven:

- × North Haven Community Services,
 18 Church Street 06473 239-5321,
 Ext. 277

Orange:

- × Orange Youth Services, 525 Orange
 Center Road 06477 795-6065
- * Sand Shelter, Inc., Judith and Robert Snell,
 23 High Meadows Lane

Oxford:

- Oxford Public Schools, Great Oak Middle
 School, 22 Governors Hill Road 06483 888-4603

Seymour:

- × ⊕ (See. Shelton)

Shelton:

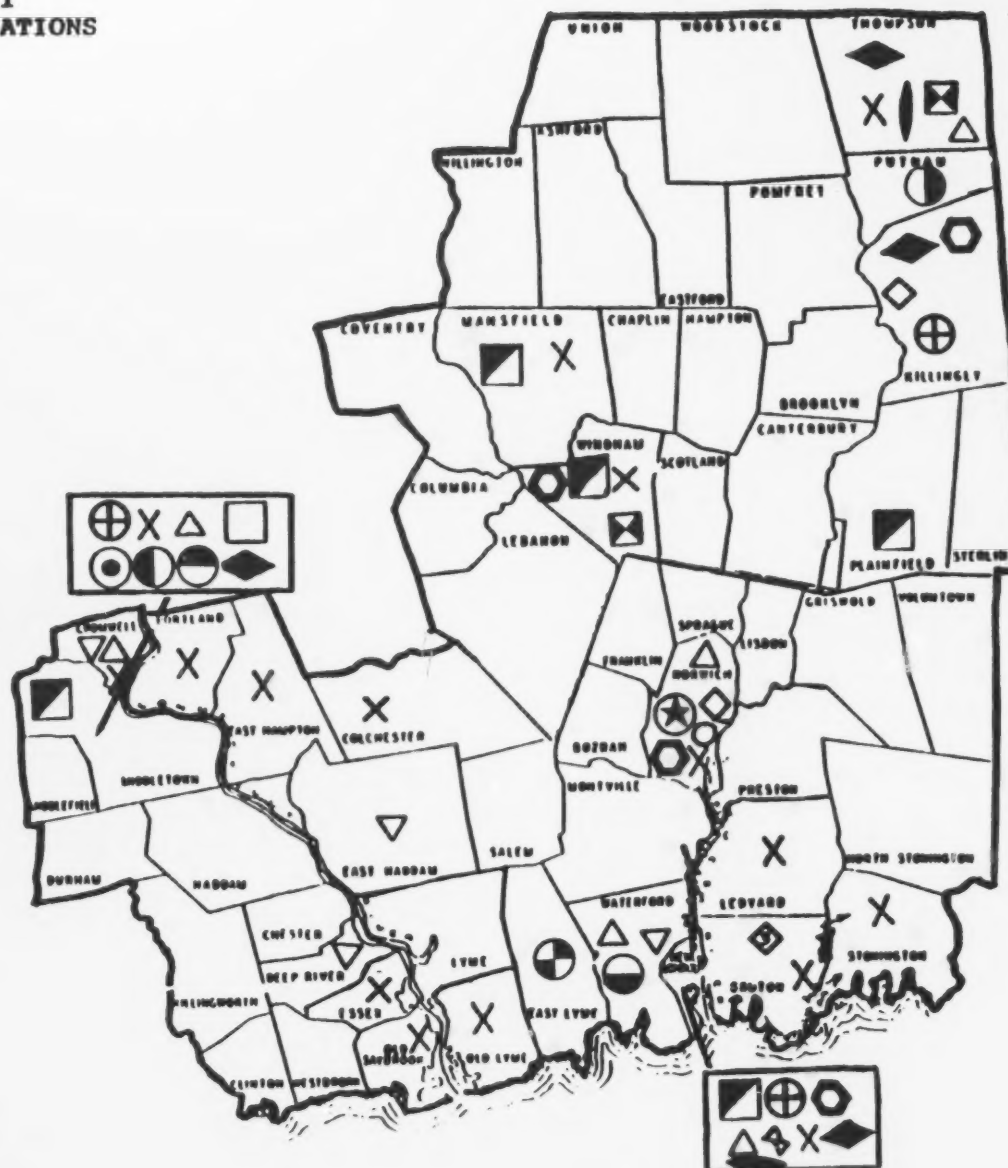
- × ⊕ Lower Naugatuck Valley Parent Child
 Resource Center, 40 White Street 06484 734-2537
 (Also provides Youth Service Bureau or
 coverage for Ansonia, Derby, Seymour) 736-2606
- △ Catholic Charities Diocese of Bridgeport,
 Inc., 439 Howe Avenue 06484 734-1605
- ▽ Alpha House, 14 Coram Road 06484 776-1600

MASTER ROLLING PLAN 1986-1991
LISTING OF SERVICES REGION II
(continued)

Wallingford:	X Wallingford Youth Service Bureau, 701 Center Street 06492	265-2469
West Haven:	X West Haven Youth Service Bureau, 201 Noble Street 06516	934-3421 Ext. 230
	◻ Hill-West Haven Division of CMHC 270 Center Street 06516	789-7858

MASTER ROLLING PLAN 1986-1991
REGIONAL MAPS OF SERVICE LOCATIONS
REGION III: EASTERN

- ☒ DCYS Central Office
- ☒ DCYS Regional Office
- ⊙ DCYS Regional Sub-office
- DCYS Mental Health Unit
- Child Abuse Awareness in the Schools Project
- ⊕ Child Guidance Clinic
- ⊕ Child Protection Team
- Community Development
- ☒ Community Emergency Services
- ☒ Day Treatment Program
- ◇ Emergency Child Care
- ☒ Emergency Psychiatric Unit
- Emergency Shelter
- ▬ Host/Poster Home Shelters
- ▬ Juvenile Diversion
- △ Licensed Child Placing Agency
- ◇ Licensed Group Home
- ▽ Licensed Residential Facility
- ◆ Parent Aide Programs
- Parents Anonymous
1-800-842-2288
- ⊕ Parent Support Program
- Perinatal Support Program
- * Permanent Family Residence
- Residential Education Institution
- ⊕ Sexual Abuse Team
- ☆ Sexual Abuse Treatment Program
- Specialized Foster Care
- ▬ Therapeutic Day Care
- ▬ Youth Mediation
- X Youth Service Bureau



MASTER ROLLING PLAN 1986-1991
LISTING OF SERVICES REGION III

Cromwell:	▽ △ Children's Home, 60 Hicksville Road 06416	635-6010
	× Cromwell Youth Service Bureau, 41 West St. 06416	635-6151
Colchester:	× Colchester Youth Service Bureau, Old Hartford Road 06415	537-4015
Deep River:	▽ Mount St. John, Kirtland Street 06417	526-5391
East Haddam:	▽ Becket Academy, River Road 06423	873-8658
East Hampton:	× East Hampton Youth Services, 94 Main Street 06424	267-9982
East Lyme:	⊕ Department of Corrections, Parent Education Program, 340 Capitol Ave. Hartford, 06106	739-5413
Essex:	× Tri-Town Youth Services Bureau, Inc. River Street, Deep River 06426	767-8201
Groton:	◇ New England Adolescent Treatment Center, 18 Thames Street 06340 (See High Street House, Mystic & Main Street House, Noank)	448-0550
	× Groton-Stonington Youth Service Bureau, 45 Fort Hill Road 06340	445-8551
Killingly:	⊙ Parent-Child Resource Ctr., 51 Westcott Rd., Danielson 06239 (Serves Brooklyn, Canterbury, Danielson, Eastford, Plainfield, Pomfret, Putnam, Sterling, Thompson, Woodstock)	774-2020
	◆ ⊕ United Social & Mental Health Services, Child Protection Council, 51 Westcott Road, Danielson 06239	774-2020 or 456-2261
	◇ Hawkins House, 7 Hawkins Street, Danielson 06239	774-2876
Ledyard:	× Ledyard Youth Services, Department of Social Services, P.O. Box 38 06339	464-8710

MASTER ROLLING PLAN 1986-1991
LISTING OF SERVICES REGION III
 (continued)

Mansfield:	☒ Eastconn Extended Day Treatment, RR2-No. Windham School, Willimantic 06226	456-3261
	✕ Mansfield Youth Service Bureau, Municipal Bldg., 4 So. Eagleville Rd., Storrs 06268	429-3317
Middletown:	⊙ DCYS Regional Sub-Office, 117 Main Street Extension 06457	344-2121
	◐ ☒ RiverView Hospital for Children, River Road 06457	344-2704
	◆ Community Health Center, 635 Main St. 06457	347-6971
	◐ Long Lane School, Long Lane 06457	344-2811
	⊕ MCCP Team, Middlesex Memorial Hospital 28 Crescent Street, 06457 Program covers Middletown and the 17 towns of Middlesex County	344-6717
	△ Catholic Charities, Inc. Diocese of Norwich Middletown District Office, 33 St. John Square 06457	346-9611
	☐ Northern Middlesex YMCA, 99 Union Street 06457	347-6907
	✕ Youth Svcs. Commission, Spencer Memorial Annex, 207 Westfield Street 06457	344-3493
Mystic:	◆ High Street House, 193 High Street 06355 (Town of Groton)	536-2909
New London:	⊙ Child Guidance Clinic of Southeastern CT., 75 Granite Street 06320 ("Adolescent-in-Crisis" Project)	442-0319
	△ Child & Family Agency of Southeastern Connecticut, 255 Hempstead Street 06320	443-2896

MASTER ROLLING PLAN 1986-1991
LISTING OF SERVICES REGION III
 (continued)

New London:
 (continued)

⚡⊕ Southeastern Connecticut Child Protection
 Council, c/o Lawrence & Memorial Hospitals,
 Dept. of Social Services 442-0711,
 365 Montauk Avenue 06320 Ext. 2476

—■ Connecticut College, Department of Child
 Development, Box 1332 06320 447-7545

✕ Community Resource Commission,
 11 Granite Street 06320 442-4319

◆ Family Services Association of Southern New
 London County, Inc., 11 Granite Street 06320 442-4319

Noank:

◇ Main Street House, 36 Main Street 06340
 (Town of Groton) 536-2909

Norwich:

★⊙ DCYS Regional Office, 331 Main Street 06309 886-2641
 Program coordinated by DCYS Regional office
 covering the towns of: Coventry, Ashford,
 Eastford, Union, Pomfret, W. Willington,
 Canterbury, Lisbon, Mansfield, Woodstock,
 Brooklyn, Norwich, New London, Groton,
 Waterford, Stonington, Preston, Montville,
 East Lyme, North Stonington, Griswold,
 Ledyard, Salem, Windham

⬡ United Community Services, Inc.
 77 East Town Street 06360
 ("Adolescent-in-Crisis" Project) 886-0527

△ Catholic Charities, Inc. Diocese of Norwich,
 Norwich District Office,
 11 Bath Street 06360 889-8346

◇ Thames House, 10 Laurel Hill Avenue 06360 889-5241 or
 889-5437

⊕ (See New London) 442-0711
 ext 2476

✕ Norwich Youth Services, 59 Broadway 06360 887-9466
 Ext. 2476

Old Lyme:

✕ Lyme's Youth Services, P.O. Box 589,
 59 Lyme Street 06371 434-7208

Old Saybrook:

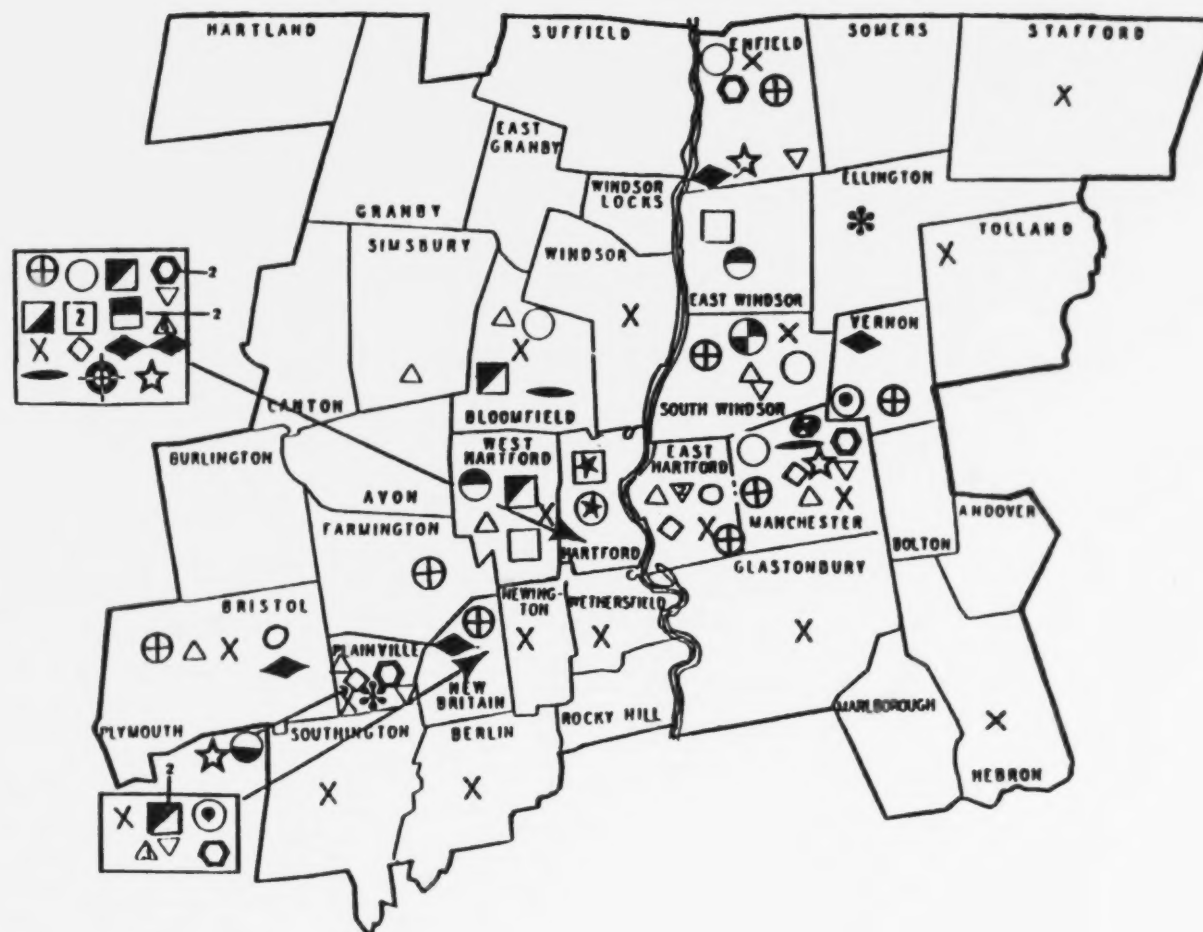
✕ Youth and Family Services,
 322 Main Street 06475 388-4089

MASTER ROLLING PLAN 1986-1991
LISTING OF SERVICES REGION III
 (continued)

Plainfield:		Assn. for Retarded Citizens of Quinebaug Valley, Inc. P.O. Box 565 Moosup 06354	564-4566
Portland:		Portland Social Services, 265 Main Street 06480	342-2880
Putnam:		Eastern Connecticut Parent-Child Resource System, 158 Main Street 06260 (Community Development Services for Region III)	928-6567
Stonington:		Stonington Youth Services Department of Social Services, P.O. Box 352 06378	535-3998
Thompson:	 	Quinebaug Valley Youth Services Bureau, Thatcher Road, P.O. Box 812, North Grosvenordale 06255 (Also serves Brooklyn, Canterbury, Eastford, Killingly, Plainfield, Putnam, Woodstock)	923-9526
Waterford:	  	Waterford Country School, Huntsbrook Road Quaker Hill, 06375	442-9454
Windham:		Parent-Child Resource Center, 132 Mansfield Avenue, Willimantic 06226 (Also serves Ashford, Chaplin, Columbia, Hampton, Lebanon, Mansfield, Scotland, Stafford, Union, Windham, Willington)	456-2261
		Windham Regional Community Council 872 Main Street 06226	423-4534
		EastConn, P.O. Box 245 No. Windham 06256	456-3261

MASTER ROLLING PLAN 1986-1991
REGIONAL MAPS OF SERVICE LOCATIONS
REGION IV: NORTH CENTRAL

- ⊠ DCYS Central Office
- ★ DCYS Regional Office
- ⊙ DCYS Regional Sub-office
- DCYS Mental Health Unit
- Child Abuse Awareness in the Schools Project
- ⊗ Child Guidance Clinic
- ⊕ Child Protection Team
- Community Development
- ⊠ Community Emergency Services
- ▣ Day Treatment Program
- ◇ Emergency Child Care
- ▣ Emergency Psychiatric Unit
- Emergency Shelter
- Host/Foster Home Shelters
- Juvenile Diversion
- △ Licensed Child Placing Agency
- ◇ Licensed Group Home
- ▽ Licensed Residential Facility
- ◆ Parent Aide Programs
- Parents Anonymous
1-800-842-2288
- ⊕ Parent Support Program
- Perinatal Support Program
- * Permanent Family Residence
- Residential Education Institution
- ⊗ Sexual Abuse Team
- ★ Sexual Abuse Treatment Program
- Specialized Foster Care
- Therapeutic Day Care
- ▣ Youth Mediation
- X Youth Service Bureau



MASTER ROLLING PLAN 1986-1991
LISTING OF SERVICES REGION IV

Berlin:	×	Youth and Family Services, 240 Kensington Road 06037	828-7007
Bloomfield:	×	Youth Coordinator, Town Hall, 800 Bloomfield Avenue 06002	243-8971
	△	Thursday's Child, Inc., 227 Tunxis Avenue 06002	242-5941
	■	PIP - Preschool Intervention Program 73 Rockwell Ave, 06002	236-0693
	○	Bloomfield Schools, Special Services 390 Park Avenue 06002	242-0791
Bristol:	⊕	Project P.A.C.E., Community Mental Health Affiliates, Bristol Hospital, Brewster Rd 06010 Program covers the towns of: New Britain Bristol, Burlington, Plymouth, Terryville	589-2000, Ext. 553
	△	Family Services, Inc. 29 High St 06010 Bristol District Office	583-9225
	×	Bristol Youth Services, 111 North Main Street 06010	584-7995
	◆	Homemaker Service of the Bristol Area 124 Main St., 06010	589-2262
East Hartford:	△▽	CREC-Capitol Region Education Council, Residential Education Center, 474 School Street 06108	569-4780
	◇	Connecticut Junior Republic, 55 Williams Street 06108	289-0110
	×	East Hartford Dept. of Youth Services 2 King Court 06118	568-0181
	▽	Capitol Region Education Council, "Commencement House", 219 Silver Lane, East Hartford 06108	568-5988
	⊕○	Child and Family Services 110 Main Street, Manchester 06040	643-2761
East Windsor:	□●	DCYS State Receiving and Study Home, 36 Gardner Street, Warehouse Point 06088	623-3393

MASTER ROLLING PLAN 1986-1991
LISTING OF SERVICES **REGION IV**
(Continued)

Ellington:	* Alpha and Omega, 15½ Lanz Lane 06029	872-0345
Enfield:	☆ North Central Connecticut Mental Health System, Inc., 1077 Enfield St. 06082	745-0903
	◆ ⊕ North Central CT Coalition for Children in Crisis, Inc., 165 Weymouth Rd. 06082	741-2708
	▽ "CREC", 36 Middle Road 06082 (Friendship House)	749-9050
	× Enfield Youth Services Bureau 820 Enfield Street 06082	745-0371 Ext. 212
	○ Enfield Public Schools, Pupil Services 27 Shaker Road 06082	741-3551 Ext. 1971
Farmington:	⊕ Univ. of Ct., UCONN Health Center 06033	674-2287
Glastonbury:	× Youth and Family Resource Center, 321 Hubbard Street, P.O. Box 284, 06033	659-2711 Ext. 300
Hartford:	⊠ DCYS Central Office, 170 Sigourney Street 06105	566-3661
	★ DCYS Regional Office, 1049 Asylum Avenue 06115	566-4184
	△ ○ ⊠ Child and Family Services, Inc. 1680 Albany Ave., 06105	236-4511 Ext. 319
	⬢ Institute of Living, 17 Essex St., 06114	241-6891
	⬢ Hartford Hospital, Emergency Psychiatric Service, 80 Seymour Street 06115	524-2951 524-2952
	□ Emergency Shelter, Salvation Army, 136 Sigourney Street 06105	525-1898
	□ YES-Y Emergency Shelter, Hartford YMCA, 160 Jewell St. 06103 (also known as Central Branch YMCA of Metropolitan Hartford)	522-4183
	☆ North Central Connecticut Mental Health System, Inc., 1680 Albany Avenue 06105	236-4511
	⬢ CT. Junior Republic, 25 Hudson St., 06106	522-5266

MASTER ROLLING PLAN 1986-1991
LISTING OF SERVICES **REGION IV**
(Continued)

Hartford:
(continued)

- △ Catholic Charities/Catholic Family Services, Inc., 896 Asylum Avenue 06105 522-8241
- Hartford Street Youth Project, 550 Main Street, 06103 722-6569
- △ Lutheran Child and Family Services of CT., Inc., 74 Sherman Street 06105 236-0679
- ▽ Gray Lodge, 105 Spring Street 06105 522-9363
- ◆ St. Francis Hospital, "Good Start Program," 114 Woodland Street 06105 548-4516
- ◆ City of Hartford Health Department, Good Start Program, 80 Coventry Street 06112 722-6810
- △ Casey Family Program East, 36 Woodland Street 06105 727-1030
- ◇ CT. Halfway House "Spike Johnson House" 140 Sargeant Street 06105 246-1649
- × City of Hartford, Employment and Training Administration, Office of Youth Services, 2 Holcomb St., 06112 722-6569
- Time Out for Parents, YWCA, Broad Street 06105 525-1163

Hebron:

- × Youth Services Bureau, P.O. Box 94 06248 228-9406

Manchester:

- ☆○ Community Child Guidance Clinic, Inc. 317 North Main Street 06040 643-2101
- ⊕○ Child and Family Services, Inc., Northeast District Office, 110 Main Street 06040 643-2761
- ◇ Child and Family Services, 31 Summit Street 06040 643-4320
- ▽ New Hope Manor, 48 Hartford Road 06040 643-2701
- × Manchester Youth Service Bureau, Lincoln Center, 494 Main Street 06040 647-3491
- ⊗ Manchester Memorial Hospital 17 Haynes Street, 06040 646-1222 ext.2147

MASTER ROLLING PLAN 1986-1991
LISTING OF SERVICES **REGION IV**
 (continued)

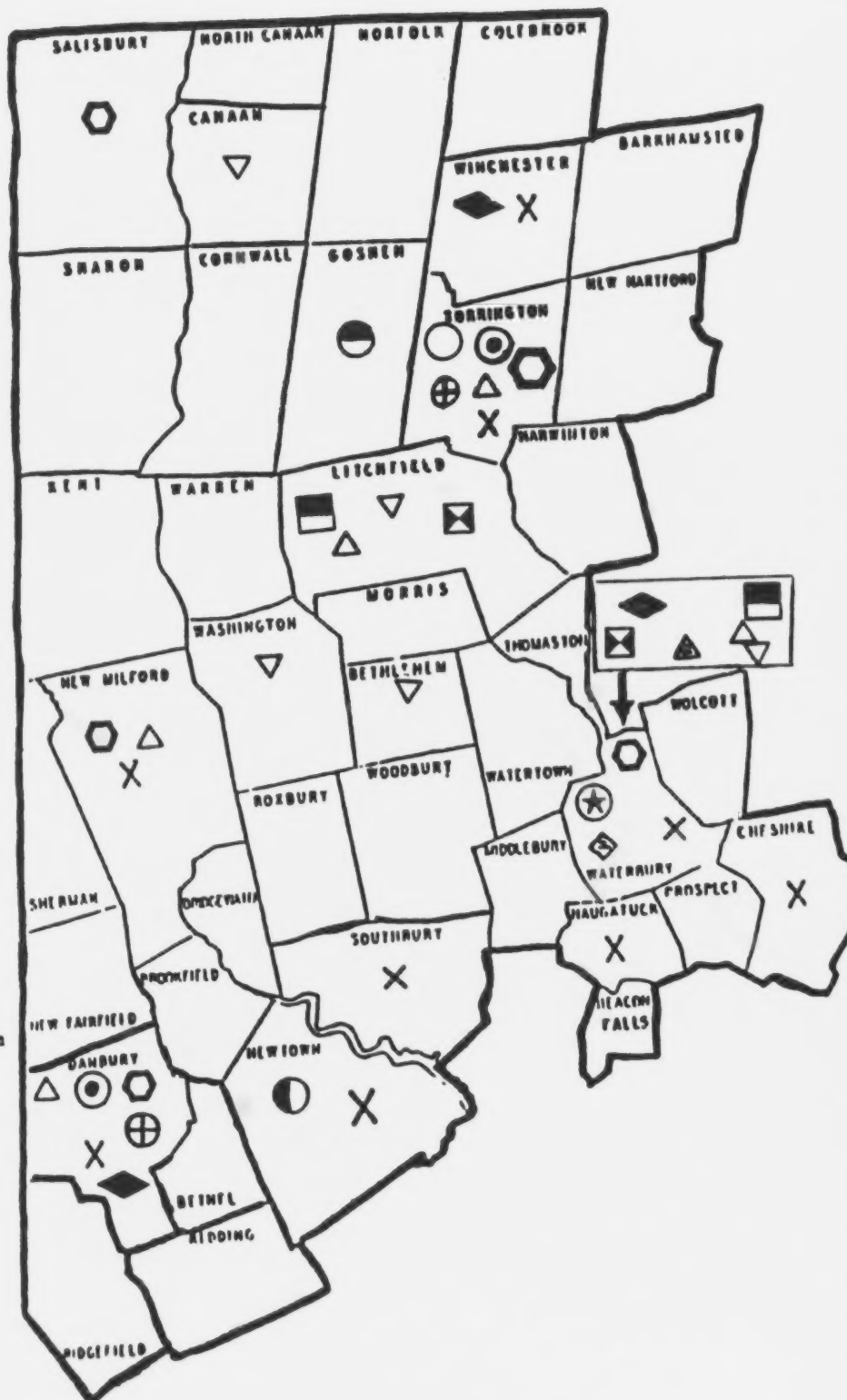
New Britain:		DCYS Regional Sub-Office, 149 Main Street 06051	827-7137
		Sheldon Community Guidance Clinic, Inc., 26 Russell Street 06052	223-2778
		Catholic Charities/Catholic Family Services, District Office, 90 Franklin Square 06051	225-3561
		New Britain General Hospital, 100 Grand St. 06050	224-5011 ext.2006
		Family Service, Inc., 92 Vine Street 06052	223-9291
	 	Klingberg Family Centers, Inc., 370 Linwood Street 06052	224-9113
		New Britain Youth Service Bureau, c/o Benjamin Franklin School, 180 Clinton Street 06050	224-2491 Ext.311
		Visiting Nurse and Home Care Services of Central Connecticut, Inc. 205 W. Main St., 06052	224-7131
Newington:		Newington Dept. of Social Services Youth Services Bureau Town Hall, 131 Cedar Street 06111	666-4661 Ext. 241
Plainville:	    	The Wheeler Clinic, 91 Northeast Dr. 06062	747-6801
		Plainville Youth Services, Central Square P.O. Box 250 06062	793-0221
		Nancy and Raymond Orsi, 187 South Washington St., 06062	747-8841
		Plainville Group Home, 50 Bank St. 06062	747-9930
Southington:		Southington Youth Counseling Center, 93 Main Street 06489	621-0165
South Windsor:	   	Department of Human Services, Town of South Windsor, 91 Ayers Road 06074	644-2571 or 644-2511

MASTER ROLLING PLAN 1986-1991
LISTING OF SERVICES REGION IV
 (continued)

Stafford:	✕	Stafford Youth Services, Hyde Park, 06076	684-4239
Tolland:	✕	Tolland Dept. of Human Services, 52 Tolland Green 06084	872-0311
Vernon/ Rockville:	⊙	DCYS Regional Sub-Office, One Court Street, Rockville 06066 Program coordinated by DCYS Regional Sub-office staff	872-6222
	◆	The Exchange Club Center for Child Abuse One Court Street, Rockville 06066	872-1918
	⊕	Child and Family Services, Inc., Northeast 110 Main Street, Manchester, 06040	643-2761
West Hartford:	▣	CREC - Capitol Region Education Council, Day Treatment Service, 212 King Philip Dr. 06117 (Includes Extended Day Treatment Program and Pre-School Intervention Program)	236-0693
	△	Jewish Family Services of Greater Hartford, 740 North Main Street 06117	236-1927
	□	Junction Ten Nineteen, The Bridge, 1019 Farmington Avenue 06107	521-8035
	✕	The Bridge, 90 North Main Street 06107	521-8035
	◐	American School for the Deaf, 139 North Main Street, 06107	727-1300
Wethersfield:	✕	Wethersfield Office of Youth Services 505 Silas Deane Highway 06109	529-8611 Ext. 304
Windsor:	✕	Windsor Youth Service Bureau, 275 Broad Street 06095	688-3675 Ext. 289
West Simsbury:	△	LDS Social Services, 57 Quornhunt Road. 06092	233-0502

MASTER ROLLING PLAN 1986-1991
REGIONAL MAPS OF SERVICE LOCATIONS
REGION V: NORTH WESTERN

- ☐ DCYS Central Office
- ★ DCYS Regional Office
- ⊙ DCYS Regional Sub-office
- ◐ DCYS Mental Health Unit
- Child Abuse Awareness in the Schools Project
- ⊕ Child Guidance Clinic
- ⊕ Child Protection Team
- ⊙ Community Development
- ⊗ Community Emergency Services
- ▣ Day Treatment Program
- △ Emergency Child Care
- ▣ Emergency Psychiatric Unit
- Emergency Shelter
- ⌋ Host/Poster Home Shelters
- ▣ Juvenile Diversion
- △ Licensed Child Placing Agency
- ◇ Licensed Group Home
- ▽ Licensed Residential Facility
- ◆ Parent Aide Programs
- Parents Anonymous
1-800-842-2288
- ⊕ Parent Support Program
- Perinatal Support Program
- * Permanent Family Residence
- ⊙ Residential Education Institution
- ⊗ Sexual Abuse Team
- ★ Sexual Abuse Treatment Program
- ◐ Specialized Foster Care
- ▣ Therapeutic Day Care
- ▣ Youth Mediation
- × Youth Service Bureau



MASTER ROLLING PLAN 1986-1991
LISTING OF SERVICES REGION V

Bethel:	✕ ○ (See Danbury)	
Bethlehem:	▽ Wellspring Foundation, Inc. P.O. Box 370, Arch Bridge Road, 06751	266-7235
Canaan:	▽ Parkside Lodge of Connecticut, Inc., Rt. 7, Box 668, Canaan 06018	882-2228
Cheshire:	✕ Department of Youth Services, 48 Foote Street 06410	272-5151
Danbury:	⊙ DCYS Regional Sub-Office, 131 West Street 06810	797-4040
	⊕ Danbury Regional Com. on Child Care, Rights, and Abuse, 30 Germantown Plaza, 06810 Program covers the towns of Bethel, Newtown	748-4542
	△ Catholic Charities of the Diocese of Bridgeport, Inc., Danbury District Office 11 Main Street 06810	743-4412
	◆ ⊙ Family and Children's Aid, 75 West Street 06810	748-5689
	✕ Danbury Youth Services, 57 North Street, Room 403 06810 (Also serves Bethel, Brookfield, New Fairfield, Newtown, Redding, Ridgefield, and Easton in Region I)	748-2936
Goshen:	⊙ DCYS Wilderness School, Box 2243 06756	491-2757
Harwinton:	✕ (See Torrington)	
Litchfield:	▣ ▽ Connecticut Junior Republic, Inc. Goshen Road 06759	567-9423
	△ ⊠ RESCUE, 2 Goshen Road 06759	567-0863

MASTER ROLLING PLAN 1986-1991
LISTING OF SERVICES **REGION V**
 (continued)

Naugatuck:	✕ Naugatuck Youth Services, 266 Church Street 06770	729-4571
New Fairfield:	✕ (See Danbury)	
New Milford:	△ International Alliance for Children, 23 South Main Street, 06776	354-3417
	⬡ Guidance Center for Family & Children, Family & Children's Aid, 68 Park Lane 06776	354-4173
	✕ New Milford Youth Services, 50 East Main Street 06776	354-0047
Newtown:	● Housatonic Adolescent Hospital, Box W 06470	426-2531, Ext. 2121
	✕ Youth Services in Newtown, Inc. 10 Queen Street P.O. Box 582, 06470	426-8131
Redding:	✕ (See Danbury)	
Ridgefield:	✕ (See Danbury)	
Salisbury:	⬡ Housatonic Mental Health Center, Box 153, Lakeville 06039	435-2529
Southbury:	✕ Community Youth Council, 1212 Whittlemore Road 06488	264-0606
Torrington:	● DCYS Regional Sub-Office, 352 Main Street 06790	482-5531
	○ Program coordinated by DCYS Regional Sub-office staff	
	△ Catholic Charities/Catholic Family Services District Office, 132 Grove Street 06790	482-5558
	⊕ ✕ Torrington Area Youth Service Bureau, Inc. 24 Migneon Avenue, Box 204 06790	496-0356

MASTER ROLLING PLAN 1986-1991
LISTING OF SERVICES **REGION V**
(continued)

Torrington (cont'd)	⬢ Charlotte Hungerford Hospital 540 Litchfield St., 06790	496-6350
Washington:	▽ Devereux Foundation, Inc, Glenholme School, Sabbaday Lane 06793	868-7377
Waterbury:	⬢ DCYS Regional Office, 414 Meadow 06702	753-9541
	⬢ Waterbury Collaboration for Prevention of Child Abuse & Neglect, St. Mary's Hospital, 56 Franklin, 06702 Program covers the towns of: Waterbury, Naugatuck, Beacon Falls, Cheshire, Prospect Woodbury, Southbury, Wolcott	575-5073
	⬢ Child Guidance Clinic of Waterbury, 70 Pine Street 06710	756-7287
	△ Catholic Charities/Catholic Family Services District Office, 56 Church Street 06702	755-1196
	◇ Beacon House, 52 Pine Street 06702	754-5809
	◇ Pride House, 5 Caroline Street 06705	755-1758
	△ ⊠ × Greater Waterbury, Y.M.C.A. 136 West Main Street 06702	754-2181 ext. 21
	⬢ Waterbury Crisis Nursery, Family Service Association of Waterbury, Inc.	756-8317
	⬢ New Directions, 136 West Main St., 06702	754-2181
Winstead:	× Winstead Area YMCA, 480 Main Street 06908	379-0708
	⬢ Housatonic Mental Health Center 71 Spencer Street 06098	379-3337 or 435-2529

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